

# Deep Value

A literature review of the role of effective relationships in public services.



Kate Bell and Matthew Smerdon

## **Deep Value**

A literature review  
of the role of effective  
relationships  
in public services.

### Deep Value project Steering Group

David Robinson,	Community Links (Chair)
Aaron Barbour,	Community Links
Julie Bishop,	Law Centres Federation
Jonny Boux,	Community Links
Victoria Hornsby,	Sainsbury Family Charitable Trusts
Dr. Vinny Pattison,	Ingeus
Nicola Pollock,	Esmée Fairbairn Foundation
Jude Simmons,	Community Links

### Project Staff

Kate Bell and Matthew Smerdon, Community Links

### Acknowledgements

Thank you to the Esmée Fairbairn Foundation for generously supporting this work. The authors would like to thank **Leonora Jones** who carried out early work on this literature review. **Dr Alex Linley** of the Centre for Applied Positive Psychology undertook the review of the psychological literature, reported here in Section Nine. Also, the members of the Project Steering Group, and a group of Readers, **Ian Mulheirn**, **Andrea Westall** and **Julia Slay** generously provided feedback which has helped to improve the work in many ways.



### CommunityLinks

Our purpose is to champion social change. We pioneer new ideas and new ways of working locally and share the learning nationally with practitioners and policy makers. As a result, we are recognised as national leaders in regeneration and social policy.

ISBN 978-0-9567126-2-2

© Community Links 2011

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, or by any means (electronic, mechanical or otherwise) without the advance consent, in writing, of both the copyright owner and the publisher. However, brief passages may be reproduced for non-commercial or training purposes provided the source is acknowledged and the publisher is informed.

## Contents

	Page
1. Summary .....	5
2. Introduction .....	11
3. Methodology .....	15
4. Theories and evidence of the role of effective relationships in public services .....	17
5. Evidence from specific services: what importance do people place on effective relationships? .....	29
6. Evidence from specific services: what are the elements of effective relationships?.....	37
7. Evidence from specific services: what are the benefits of effective relationships?.....	44
8. Evidence from specific services: in what situations do effective relationships thrive?.....	53
9. Evidence from the psychological literature.....	59
10. Conclusions and further thoughts .....	62
11. Bibliography .....	65
12. Notes .....	72



*It is clear that strong relationships are instrumental in achieving quality outcomes and value for money. We need a better understanding of this 'Deep Value.'*

*People of Influence, Council on Social Action, 2009*

## 1. Summary

### Deep Value - why relationships matter

Deep Value is a term that captures the value created when the human relationships between people delivering and people using public services are effective. In these relationships, it is the practical transfer of knowledge that creates the conditions for progress, but it is the deeper qualities of the human bond that nourish confidence, inspire self esteem, unlock potential, erode inequality and so have the power to transform.

These relationships are particularly important in public services because professionals face a dilemma in their relationships with their clients. On the one hand, their aims are shared – the doctor and patient both want the patient to get well; the employment service advisor and their client want the client to find a job. In achieving these aims the professional and the client are on the same side. However, the public servant must also represent the interests of the service itself, and of the state. They need to ration scarce resources and sometimes ask their clients to engage in behaviour they are reluctant to adopt – to stop smoking, for example, or to seek a job in a different sector. They must challenge as well as support the client – how they manage the tension between these roles will define the client's relationship with the service, and by extension, how they see themselves as interacting with the state.

Policy makers also have to make difficult judgements about how best to allocate public resources. Parts of government have embraced ideas around the value of one-to-one, but a wider and more powerful trend across public services risks taking service delivery ever further from the human relationship that should be at its heart. At the policy level, this trend reflects a legitimate interest in efficiency and value for money. It can appear that the value of relationships is somewhat difficult to measure and that working in this way is somewhat of a luxury and therefore outside the scope of what is strictly necessary.

We believe there is Deep Value in these relationships. This literature review seeks to develop a better understanding of this by looking at evidence of the role of effective relationship in employment services, education, health and legal advice. This has been supplemented by a broader look at literature on public service reform and psychology.

Across this range of public services there is a striking degree of consistency in the evidence:

People using public services put great importance on the human relationship with the person providing the service.

- The quality of relationships people have with others in all parts of their lives is an important determinant of happiness and well-being. The evidence for this is so compelling as to be referred to in the psychology literature as a “deep truth.”
- An effective relationship with public service providers is a crucial factor in client satisfaction appearing repeatedly in studies of what people want from public services and in client feedback.
- Clients value this because they use services at times when they seek comfort. They may be angry, embarrassed, guilty or confused.
- Alongside the professional competence of the service provider, people make direct links between the effectiveness of the relationship and securing a good outcome.
- This seems to be especially important where people have more complex and chronic needs and have lower levels of skills and confidence.
- The role of relationships has started to be reflected in professional training and assessment, with health services developing particular expertise.

The elements of what make for effective relationships are strikingly similar across all areas studied in this review.

The elements of an effective relationship are:

- Understanding – the service provider seeks to understand the needs and circumstances (economic, personal, emotional, cultural) of the person using services and treats people with dignity and respect demonstrating that they are ‘on their side.’ In return people using services acknowledge the pressures on service providers and their need to make judgements about good use of public funds.
- Collaboration – there is trust, founded in part on demonstrable competence of the professional, both sides have confidence in each other, both are honest and achieve a position where agenda setting and decision making are shared.
- Commitment – where both sides demonstrate dynamism and commitment and is thorough and well prepared for meetings.
- Communication – where the service provider listens and opens new lines of questioning to draw out relevant deeper issues.

- Empowerment – where relevant, an aim of public services should be to support people to change thinking and behaviour so as to cope differently with challenges in the future. This may involve challenge and confrontation but if the other elements of effective relationships are in place, the result can be powerful for the individual and cost effective for the public purse.
- Time – having the time is important, but this is not open-ended. With the right skills and systems in place people can quickly put these elements of effective relationships in place.

The effectiveness of relationships is therefore dependent on both parties taking responsibility. Delivering and securing good public services is something of a mutual endeavour and one in where the citizens' relationship with the state is established. Using public services responsibly and effectively then can be seen as an act of good citizenship.

A critical issue bearing down on the relationship is the ability of a service provider to balance the role of supporter with the role to challenge, to ration public resources and even to issue sanctions. Evidence reveals that even where people do not get the outcome they want from services, if the relationship has been effective they are more likely to accept the result.

Where relationships are effective, they contribute to achieving a range of valuable benefits: the failure to realise these benefits can be damaging.

- The relationship between the advisor and the client in employment services has consistently been found to be a key element of a successful approach to helping people into employment.
- Pupils who develop positive relationships with teachers go on to achieve better academic results.
- People who access advice services funded by civil legal aid are more likely to reveal full information if the advisor builds a trusting and respectful relationship, thus leading to swifter resolution of cases, and clients who are more satisfied with the outcomes.
- Patients who experience a good relationship with their healthcare professional are more likely to engage in positive behaviour change.

These outcomes are secured through a range of processes that work better when relationships are effective:

- Information is gathered accurately ensuring that the problem or issue is correctly identified. Needlessly expensive responses are avoided and correct responses are implemented more swiftly.
- A fuller understanding is achieved of the issue being tackled and wider problems that may be contributing to it.



- The correct action is identified and unnecessary action is avoided.
- Both sides are more committed and motivated to achieving the outcome, taking responsibility and sticking to decisions and action plans.
- The person using the service is more likely to accept the outcome, even if it is not the one they wanted.
- Immediate problems are addressed and prevented from escalating, helping to reduce future demand and save future costs.
- There is some evidence that clients experience a range of psychological benefits from a positive relationship in addition to the positive service outcome. Community Links will be undertaking further empirical research to explore this further.

The damaging consequences go further than simply not achieving the benefits above.

- Public services miss opportunities to support people more effectively.
- Poor relationships with people using services are a significant and measurable contributor to staff burnout.

Securing these benefits and avoiding these consequences are particularly urgent for vulnerable people with the most complex problems.

There was a clear consensus in the literature about the types of working conditions and practices which were more conducive to building effective relationships.

The conditions for establishing effective relationships are:

- Front line autonomy – excessive focus on a set process, and on ‘output’ targets (as opposed to outcomes) restrict the ability of advisors to treat the client as an individual. Advisors who have autonomy over how they carry out their work can build better relationships.
- Continuity and time – building an effective relationship requires time, and ensuring that a client sees the same person over the period in which they are interacting with a service helps to provide this time and establish a relationship.
- Training and skills – clients will trust providers when they know that they are competent in their role.
- Attitudes of the provider – professionals need to have an attitude towards their clients of trust and respect, and to be proactive in pursuing their case.
- Separation between ‘policing’ and ‘supporting’ – professionals may both ‘police’ the system and assist clients to access it. Situations in which there is a clear separation of these roles – or these roles are conducted by different people, may help to build the

relationship of trust between the client and the professional in the 'support' role. Where this is not possible, the relationship with the provider assumes even more importance.

We conclude that the literature shows that effective relationships are not just a 'nice to have' but increase the likelihood of achieving a positive outcome across all of the sectors examined in this review.

This conclusion has some clear implications:

- Effective relationships are not an added extra but are core to the delivery of effective services. Increasing the effectiveness of relationships, therefore, is a lever for improving quality and performance. Effective relationships are much more important and complex than just offering 'tea and sympathy.'
- The effectiveness of relationships varies – this is not something that can be expected just to happen based on the skill and willingness of front-line public servants. Some types of planning systems and working practices are more conducive to developing effective relationships.
- Acknowledging the important role of the relationship in securing outcomes has important implications for equity. For if good relationships require action from both sides, where people using services may have lower skills or self-confidence it is even more incumbent on service providers to ensure that the relationship is effective.
- Policy makers therefore need to assess proposals to reform public services against their ability to preserve or improve these relationships. Policies that break the link between professionals and clients may undermine the potential for policies to achieve their desired aims.
- Significant focus has been placed on what type of organisation is delivering services – public, private, or voluntary. We think that a better question to ask is what type of services they are delivering – and the type of relationships that they encourage. We found a lack of empirical evidence that choice, or personalisation (however defined), or co-production, was yet demonstrating that it could achieve above and beyond other models in terms of delivering these effective relationships. We think that this must be a key question asked of models of public service reform.

The next stage of this project aims to develop a set of tools for use by policy makers and professionals themselves to embed these qualities into everyday practice.



## 2. Introduction

### What do we mean by Deep Value?

Deep Value is a term coined by Community Links that captures the value created when the human relationships between people delivering and people using public services are effective. We believe that there are real benefits in delivering public services in ways that put the one-to-one human relationship at the heart of service delivery. In these relationships, it is the practical transfer of knowledge that creates the conditions for progress, but it is the deeper qualities of the human bond that nourish confidence, inspire self esteem, unlock potential, erode inequality and so have the power to transform.

In our report for the Council on Social Action<sup>1</sup> *People of Influence* we stated that:

*“...in focusing our attention on the one-to-one relationship we are not arguing for a ‘nice to have’ at the margins of the core service. Rather it is clear that strong relationships are instrumental in achieving quality outcomes and value for money. We need a better understanding of this ‘Deep Value’.” (CoSA 2009b:2)*

This research project seeks to develop that better understanding in order to explore how this approach might be helped to become more effective and be adopted on a wider basis.

Whilst parts of government are embracing ideas around the value of one-to-one, there is a wider and more powerful trend across public services that risks taking service delivery ever further from the human relationship that should be at its heart. At the policy level, the legitimate interest in efficiency and value for money and the urgent task to reduce expenditure can suggest that focusing on relationships is somewhat of a luxury and outside the scope of what is strictly necessary. However, this literature review reveals a remarkable degree of consistency in the evidence across a range of public services about the value created by effective relationships at the point of delivery. In some cases, notably perhaps health, the case for the role of effective relationships in securing good outcomes has been made and understood for many years. As the Canadian physician William Osler, one of the founders of biomedical science put it, biomedical science should be at the heart of modern medicine yet “it is much more important to know what sort of patient has a disease than what sort of disease a patient has.” (quoted in World Health Organisation, 2008:42)

In theory, the Government supports the broad conception of 'value' that we endorse here. The Green Book guidance on public spending states that:

*“Value for money is defined as the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the good or service to meet the user’s requirement. Value for money is not the choice of goods and services based on the lowest cost bid ... Wider social and environmental costs and benefits, for which there is no market price, also need to be brought into any assessment. They will often be more difficult to assess but are often important and should not be ignored simply because they cannot easily be costed.”* (HM Treasury 2003:19)

However, we believe that value is too often viewed in the short term, without taking full account of these wider benefits.

In defining the concept Deep Value we recognised that we were entering a live debate about public services which had been dominated by the concept of 'personalisation'. In *People of Influence* we drew a distinction between the 'personalisation' of public services and their 'humanisation'. We illustrated this with the contrast between Amazon, who can source obscure books quickly and cheaply, and the local bookshop, which knows which books I like and provides a more 'human' service. We argued that:

*“Humanising requires a set of values, attitudes and behaviours, backed up by a range of resources that give primacy to the moment when two people work together to generate the deepest, most transformative outcome.”* (CoSA, 2009b:6)

In the literature review below we discuss different conceptions of relationships and personalisation in public services. We have tried to draw out those approaches which come closest to what we mean by 'humanisation' and 'Deep Value'.

We recognise that not all public services are defined by, or require, this type of relationship. Refuse collection, emergency dental surgery or the payment of Child Benefit, for example, appear to require little sustained interaction between the user of the service and the person delivering it – although all to some extent still require some co-operation between the 'user' (putting out the rubbish, describing the pain, completing a form) and the delivery agent. Public services might therefore be viewed as on a continuum in terms of their requirements for 'humanised' relationships. We think that those in which the quality of relationships will be particularly important are those with sustained interactions between those using and delivering the service in which the 'problem' to be addressed is personal to

the user, and those where behavioural change may be required from the user to achieve the outcome.

### About this project

This project aims to continue the work on Deep Value we undertook as part of the Council on Social Action. In doing this, we hope to contribute to conversations about how public services should and can be delivered to achieve the best outcomes for citizens. We refer throughout the review to aspects of this debate, but the project does not set out to provide a comprehensive blueprint for the delivery of public services. Rather, it seeks to identify and clarify the role of effective relationships in public service delivery, the situations in which relationships of this type thrive, and to describe and quantify the benefits that arise when public services are delivered in this way.

The project consists of three related parts. This section, the literature review, examines the role of effective one-to-one relationships in the delivery of public services, with a specific focus on the fields of employment services, advice services, health, and education.

Alongside this, we have commissioned the Centre for Applied Positive Psychology (CAPP) to devise and test a methodology for measuring the psychological benefits that arise when employment and advice services are delivered through effective relationships. We report research from the review of the psychological literature in this paper.

In the next stage of this project we hope to test these findings empirically, and to develop a methodology for assessing the benefits of this type of relationship in economic terms. We also hope to develop guidance for both practitioners and policy makers on how effective relationships can be cultivated.

### About Community Links

Community Links is an innovative charity running community-based projects in east London. We help over 30,000 vulnerable children, young people and adults every year, with most of our 60 projects delivered in Newham, one of the poorest boroughs in Europe. We pioneer new ideas and new ways of working locally and share the learning nationally with other practitioners, policymakers and the press.

Community Links developed its thinking about Deep Value over two years working on the Prime Minister's Council on Social Action. But this thinking draws on the practical experience of the organisation in delivering services based on a 'humanised' approach. Last year Community Links advised almost 9,000 people with benefits, housing and debt problems and ran the

most successful New Deal project in London and the South East, helping over 5,000 people look for work.

#### Structure of this review

The next section describes the methodology for the review. Section Four discusses the broader context of public service reform, and the extent to which current approaches have seen effective relationships as important. It also examines what people say they want from 'public services'. Section Five moves on to look at specific services, examining whether effective relationships are something that people value. Section Six looks at what the elements of effective relationships look like within each service that we focus on. Section Seven discusses the benefits of these relationships, both in terms of the outcome that the service is aiming for, and of wider benefits for the individual. Section Eight looks at the circumstances in which these relationships thrive. Section Nine reviews evidence from the psychological literature. Section Ten concludes, and suggests areas for further thinking.

### 3. Methodology

This literature review used internet searches (using Google Scholar) to discover relevant publications. We searched only articles written in English, and within our searches we looked only for work published since 2005. We included academic work, official Government and Parliamentary publications and other grey literature, for example think tank reports and papers produced by third sector organisations.

In addition to the literature revealed by the search, we also looked within these publications for references to other work. Occasionally this led us to publications from before 2005. Judgements were made by the authors around the relevance of the literature to this project.

The search terms used were as follows.

Main search term	Additional search terms	
Employment services	relationships personalisation evaluation	effectiveness efficiency
Health	humanisation healthcare (also with alternative spelling humanization)	doctor-patient relationship one-to-one healthcare
Legal advice	relationships personalisation evaluation	effectiveness efficiency
Public services	Individualisation, personalisation, relationships humanising one-to-one	value effectiveness efficiency frontline
Teacher relationships	Within this field we searched only for reviews or meta-analyses, given the large volume of work in this area, and the fact that it was not a prime focus of this project.	
Welfare to work	relationships personalisation evaluation	effectiveness efficiency



In addition a search of the psychological literature was made using the following databases

- BioMed Central
- Cambridge Journals Online
- Directory of Open Access Journals
- Google Scholar
- Highwire Press
- Ingenta
- Oxford Journals
- PubMed
- SpringerLink (MetaPress)
- Taylor & Francis (Informaworld)
- Wiley Online Library

Main search term	Additional search terms
Good relationship	Benefit
Individual relationship	Benefit
One-to-one relationship	Benefit Psychological benefit Quality Effective Value Good
Quality relationship	Benefit
Relationship	Benefit Psychological benefit Quality Effective Value Good
Successful relationship	Benefit

## 4. Theories and evidence of the role of effective relationships in public services

Deep Value seeks to define a type of relationship in the delivery of public services. 'Public service reform' has been a key preoccupation of recent governments, and was made a key theme by New Labour<sup>2</sup> and there is a body of recent literature which examines the principles on which this reform should be based. Much of the recent literature talks about the concept of the 'personalisation' of public services, and we discuss below how this relates to the idea of 'humanisation'.

The pre-occupation with how public services are delivered of course did not begin with New Labour. Michael Lipsky's 1980 book *Street Level Bureaucracy* put a focus on relationships, suggesting that public service policy was not made by politicians and civil servants, but by front line professionals, making decisions in their everyday interactions with clients. More recently, there has been a focus on what is specific about the production of 'services' rather than products, and on different ways of thinking about 'value'. These approaches also see the relationship between service users and those delivering services as central.

This section briefly reviews this literature, how it views effective relationships, and the evidence it provides on how these are produced. It then looks at evidence on what the public say they want from public services, and their views on the role of effective relationships.

### Street level bureaucracy

Lipsky argued that the relationship between 'street level bureaucrats' and their clients was central to the policy making process:

*"the decisions of street level bureaucrats, the routines they establish and the devices they invent to cope with uncertainties and work pressures, effectively become the public policies they carry out....public policy is not best understood as made in legislatures or top floor suites of high ranking administrators, because in important ways it is actually made in the crowded offices and daily encounters of street level workers."* (Lipsky, 1980:xii)

Various studies have looked empirically at the way in which Lipsky's theory has operated on the ground, and how front line workers have influenced how a policy is implemented. For example one study of USA welfare reform found that the existing welfare workers, rather than following the

intention of the policy to encourage job search, spent most of their time on determining whether clients were eligible for assistance. (Ricucci, 2005)

Lipsky argued that because front line workers are inevitably controlling access to scarce resources, whether these be advisor time, health care, housing or other public 'benefits', they cannot treat each client as an individual but develop short-hand ways of dealing with people, which could encourage "*favouritism, stereotyping and routinising.*" (Lipsky, 1980:xii)

This leads, he claimed, to four ways in which the relationship between the 'bureaucrat' and the client could influence the client's life. Firstly, in making decisions about the distribution of the benefit (or sanction, in the case, for example of the police) supposed to be provided by the agency. Secondly, in deciding how the client can interact with the agency – for example, when they can make appointments. Thirdly, Lipsky argued that bureaucrats taught clients "*how to behave as clients*". That is, how to fit into the categories assigned to them by the agency. For example, a Jobcentre Plus worker may classify someone as a jobseeker, or as a disabled person. Recent research looking at immigration cases handled by legal aid lawyers shows how asylum seekers are encouraged to talk about their own lives so as to fit with the categories for admittance as a refugee. (James 2010) Fourthly, the front line worker could allocate "*psychological rewards and sanctions*" in part by their own reactions to how the client behaves, in part by the impact on wider society of the status assigned to a person by the agency; refugees are viewed differently from economic migrants; jobseekers seen as different to those who are out of work because of disability.

Lipsky saw these impacts as to some extent an inevitable part of the way that public services are delivered:

*"to deliver street level policy through bureaucracy is to embrace a contradiction. On the one hand, service is delivered by people to people, invoking a model of human interaction, caring and responsibility. On the other hand, service is delivered through a bureaucracy, invoking a model of detachment and equal treatment under considerations of resource limitations and constraints, making care and responsibility conditional."* (Lipsky, 1980:71)

Lipsky did not set out to describe how such relationships could become more effective, or more humanised. However, he saw three ways in which relationships between clients and workers could be improved: by encouraging client autonomy and influence over policy, by improving 'street level' practice, and by helping 'street level bureaucrats' themselves become more effective advocates for change.

### Personalisation

The 'personalisation' of public services has been proposed as one way of getting round some of the problems identified by Lipsky, by putting greater power into the hands of the user of public services. 'Personalisation' was a term adopted widely by New Labour, across a wide range of services, including healthcare,<sup>3</sup> education,<sup>4</sup> and benefits<sup>5</sup>. It was defined by the Strategy Unit in 2007 as:

*“the way in which services are tailored to meet the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”.* (Cabinet Office, 2007:33)

The term is also associated with Charles Leadbeater, who set out five levels of personalisation in a pamphlet for Demos in 2004:

- *Providing people with a more customer friendly interface – for example 24/7 call centres.*
- *More say for users in navigating their way around services once they have access to them.*
- *Giving users more direct say over how money is spent (e.g. individual budgets)*
- *Users are not just consumers but co-designers and co-producers of a service.*
- *Self organisation – ‘the public good emerging from within society’ – for example, people taking the decision themselves to stop smoking.* (Leadbeater, 2004:21-24)

Personalisation can and does therefore mean different things to different people, and in different contexts. One distinction in types of personalisation can be seen between attempts to use 'choice' as a model for influencing how services operate, and those that use 'voice'. This model follows Alfred Hirschmann's idea of how firms and states are changed, defining three basic strategies of exit, voice or loyalty. (Hirschmann, 1970) People unhappy with a service or good they are receiving can either stop purchasing it, complain, or remain loyal. Choice based models of personalisation attempt to give public service users an option to stop using a service they are unhappy with. Voice based models attempt to give them a chance to influence services through speaking up.

The concept of personalisation should not therefore be seen as identical to the 'humanising' of services identified in Community Links earlier work. Different types of personalisation may have different implications for the ability of services to deliver the type of 'Deep Value' that can arise from one-to-one relationships. (CoSA, 2008)

### Personalisation and choice

Providing greater choice to users of public services has been advocated for reasons other than the idea that it will provide a more personal service. Julian le Grand, one of its foremost advocates, argued in 2006 that reforms involving choice and competition that the then Government was introducing into health and education:

*“will make those services not only more responsive and more efficient, but also... more equitable and socially just.”* (Le Grand, 2006:1)

We do not assess these claims here, but rather look at choice as a means towards personalisation, and at how greater choice may impact on relationships between those delivering and accessing public services.

Choice can operate at different levels. The Public Administration Select Committee's (2005) report into choice in public services distinguished between *“choice of provider”*, for example between schools or hospitals, and *“choice from variety”* whereby clients can choose from a range of options as to how they are treated by a service, for example whether to access it face to face or by internet, or what time they want an appointment. (Public Administration Select Committee 2005)

One of the key mechanisms to increase choice which aims to provide both types of choice, and to personalise services, has been the introduction of personal budgets, whereby budgets to provide services are devolved to individual users. This approach is most associated with health and social care; direct payments for disabled people were introduced in 1997, individual budgets piloted in 2005-07 and Labour legislated so that by October 2010 local authorities would be required to offer personal budgets to all new service users. (Dayson, 2010) General evidence on these pilots appears to be positive (Dickinson and Glasby, 2010) with an evaluation of the Department of Health's individual budget pilots finding that mental health service users, physically disabled adults and people with learning disabilities all saw improvements in their daily lives. Older people however, reported lower psychological well-being *“perhaps because they felt that the processes of planning and managing their own support were burdens.”* (Dickinson and Glasby, 2010)

Little of the research appears to discuss the impact of personal budgets on relationships between those using and those providing services, although a research paper on the impact of personalisation in the third sector suggests that:

*“...for staff, this may mean new contractual arrangements such as zero hours contracts, and new roles and responsibilities such as support planning and brokerage” (Dayson, 2010:38)*

This type of personalisation might be seen to lead to at least a different type of relationship between service users, who may be seen more as consumers in this system, and front line staff, who may essentially have to sell their ‘product’. This approach has been extensively explored in the healthcare field. (Department of Health, 2001; Rycroft-Malone et al, 2001; Bissell et al, 2004; Featherstone and Storey, 2010)

A further step along the choice based route to personalisation has been summarised and recommended by The Association of Chief Executives of Voluntary Organisations (ACEVO)’s commission on the personalisation of public services:

*“What we need is to transform our quasi-markets (where services are bought for users by the state) into genuine social markets, where service users purchase services from a market regulated, stimulated and stewarded by the state, where power passes to the service user, and good outcomes can drive out bad.” (ACEVO, 2009:23)*

This report suggests that this change from public service users to consumers will involve or require a focus on better relationships, between those accessing and delivering these services:

*“Culture change begins and ends with relationships that allow us to see and treat each other differently. The most crucial of these relationships is that between professional and service user. These relationships need to exhibit some central values: listening, respecting, treating everyone as their own person, expecting more. ...an expert on tap, not on top. We do not then propose the dethroning of the professional. Quite the opposite; we need the best front line people we can get.” (ACEVO, 2009:21)*

The Social Market Foundation and Price Waterhouse Coopers have also argued that making choice work will require effective relationships between service users and professionals. They cite polling evidence suggesting that when making choices about public services, *“most people want to benefit from personal interaction and advice... 76% of those questioned wanted to access information about choice from their GP. (Griffiths et al, 2009:38)* They conclude that there is:

*“a real need to ensure that trusting, personal relationships are established between service users and professionals... fostering these relationships will require local services which can provide a degree of continuity and face to face contact, and professionals who have the time and motivation to establish trusting relationships with service users” (Griffiths et al, 2009:38)*

However, it has also been suggested that the aims of choice and effective relationships may be incompatible when the choice being offered is one between different professionals in different settings:

*“where choices are possible, it has frequently been necessary to prize open the relationship between professionals and the people they service in order to deliver it... cutting the link between people and local schools or GPs, often in the name of more personalised services, when the one choice that so many people want in their public services – a continuing and respectful relationship with a supportive professional, is less and less on offer.” (Boyle and Harris, 2009:6)*

Empirical evidence on these ideas is difficult to find. However, it appears that choice may not function without effective relationships. Less clear is whether effective relationships can be maintained in a context where the user of the service has greater choice over which provider (or professional) to develop this relationship with.

### Personalisation and voice

The idea of using service user ‘voice’ to influence public services seems to involve a clearer idea of the relationship between the service user and the person providing the service, and to provide a possible model for relationships that generate Deep Value. In line with Leadbeater’s fourth level of personalisation, various authors and bodies, notably the New Economics Foundation (NEF), have advocated a model of ‘co-production’ of public services:

*“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.” (Boyle et al, 2010:3)*

The key idea involved in co-production appears to be that of establishing a more equal relationship between service users and those delivering services, which enables service users to combine their own knowledge,



based on personal experience, with the professional knowledge of public service users. NEF suggests a “*co-production framework*” involving:

- Recognising people as assets
- Building on people’s existing capabilities
- Promoting mutuality and reciprocity
- Developing peer support networks
- Breaking down barriers between professionals and recipients; and
- Facilitating rather than delivering. (Boyle et al, 2010)

However, it says less about how these concepts could be put into practice.

The literature provides various case studies of where this has been effective, most notably in the case of the Nurse Family Partnership. This programme, conceived in the U.S. involves pairing up first time mothers in high risk groups with nurses, with whom they built a strong relationship. The programme is now being piloted in the U.K., with evaluation from the second year of the programme finding that:

*“the strength of the client – Family Nurse partnership is noted by clients and F[amily] N[urse]s as the key to successful delivery, making an impact, and retaining clients in the programme” (Barnes et al, 2009:1). They also found that “Clients were overwhelmingly positive about their FN, rating them on average nine out of a possible ten.” (Barnes et al, 2009:4)*

Evidence in the U.S. has suggested that for every dollar invested, the programme will return \$2-\$4 (Nurse Family Partnership, undated).

There is some other evidence of higher satisfaction where service users have been more involved in service delivery. The Public Administration Select Committee published a report on user involvement in public services in 2008, and heard evidence that:

*“a government commissioned evaluation of tenant-led management concluded that it resulted in improved delivery of housing services such as rent collection and repair work, as well as higher tenant satisfaction and longer-term retention of tenants’ (and) ‘Research by the (then) Department for Education and Skills found that, in schools with a strong commitment to personalised learning, individualised assessments of pupils’ learning needs had improved pupil progress and raised educational attainment.” (Public Administration Select Committee, 2008:14)*

However, the Committee concluded that although evidence was emerging that user oriented services had higher customer satisfaction and better



outcomes, there was little evidence on the cost-effectiveness of user involvement in public services.

Discussions of ‘voice’ based ways to improve public services therefore give a more central role to the relationship between the person accessing and the person delivering the service. But the contexts in which this can be achieved, and the direct benefits of this relationship remain quite vague.

### Services and value

A further body of literature argues that the relationship between those who receive and those who deliver public services is central to what these services are, and to their success. This relates to an idea of a broader conception of ‘value’ within public services, which looks beyond simple outputs to the broader outcomes for society.

The RSA’s 2020 commission on public services argued that:

*“Our understanding of how value is created from services has matured. Rather than viewing public services as though they were goods – complete ‘things’ that are presented to service users – services might better be seen as ‘value propositions’ where actual value is co-created in the relationship between provider and user.”*  
(2020 Public Services Trust, 2010:22)

Rather than somebody relating to the person providing the service in order to get something (for example, a prescription), this model argues that it is the relationship itself that is the valuable thing about the service: *“whether merely transactional, or much more involved and rich, it is in these interactions that the value of the service is realised.”* (2020 Public Services Trust, 2010:30) This model seems most similar to the idea of Deep Value that Community Links set out in our earlier work.

Demos have also argued for this model of public services, stating that *“the real problem with service is that it is still treated as a commodity”* and that what is needed is a relational approach to reform. In addition they state that this relationship need not last over time, but is about:

*“a set of qualities – empathy, recognition and understanding – and a consequent focus on dialogue. As one participant [in their research] from a local authority said to us: ‘we aspire to create relationships with our customers but at the moment we barely give them a one-night stand. What’s important isn’t the length of the relationship but the extent to which I feel understood and listened to at that moment’.”* (Parker and Heapy, 2006:50)

Bill Jordan argues that the relational nature of services means that choice based strategies for personalisation are inappropriate, given that services themselves structure the choices that people make. He points to evidence that it is the quality of relationships (in general) which most influences people's subjective well-being, and argues that services should try to aim to improve connections between people, rather than cater to their preferences as individual customers. (Jordan 2006)

This shift of focus from 'products' to 'relationships' links to the concept of 'public value'; in a research note for Policy Exchange, Rhodri Davies (2009) sets out this idea, as:

*“the argument that the purpose of public policy making and management is the maximisation of public value, i.e. those things that the public considers valuable.”* (Davies 2009:4)

He contrasts this to the approach taken by New Public Management (and as he sees it, adopted by New Labour) whereby *“the public interest was seen as an aggregation of the choices of individuals, expressed through their roles as consumers of services.”* (Davies 2009:4)

Davies argues that a focus on public value highlights:

*“the kind of value which are created through ‘processes’ rather than just ‘outcomes’. It emphasises the importance to citizens of the quality of the social processes of interaction which they experience”.* (Davies 2009:5)

More concretely, this means that services should be evaluated in terms of the outcomes they produce in broad terms: Davies suggests that these include user value, value to wider groups, political value (support for the democratic process), social value, and environmental value. These types of measurement will need different tools, such as assessing Social Return on Investment, rather than a focus on process targets (such as waiting times for hospitals). In theory, Government embraces a wide concept of value. As we set out in the Introduction, the Green Book guidance on public spending suggests that value for money assessments should take into account the social and environmental impacts of policies over the long term. (HM Treasury 2003)

Geoff Mulgan makes a similar argument in his paper on The Relational State, which he contrasts with what he sees as the current model of a *“delivery state”*

*“a government which is organised around relationships and acting with others rather than just doing things to or for them starts to take on a very different character.” (Mulgan, 2010:1)*

The literature does therefore suggest that there is a central role for effective relationships in public services, and that these may operate less well when personalisation is based on ‘choice.’ However, this literature remains largely theoretical.

In the following sections of this report on health, employment, education and advice we assess the literature on how relationships within these areas of services actually affect outcomes. The next section however briefly reviews the evidence on what people say they want public services to deliver.

### What do people want from public services?

Much of the literature and political debate about effective public services has argued that people now have greater expectations of personalisation and ‘customer service’ from public services, in line with their demands as consumers in other fields. For example, a 2006 paper from the Cabinet Office on *“The UK Government’s approach to public services”* argued that as incomes have grown, people’s expectations of services have risen, and that higher educational standards mean that people are more able to exercise choice. (Cabinet Office 2006)

The polling organisation IPSOS MORI have conducted extensive research into people’s views on public services, both qualitative and quantitative. This suggests that while people may see choice as valuable within public services, they do not view themselves as consumers. Qualitative research for the Cabinet Office in 2007 with over 100 people found that there was difficulty with the idea of the public service user as a consumer: it was unclear that people wanted a choice of provider, people did not feel that the public sector was responsive to needs, and there was a concern that the private sector could choose customers, whereas the public sector should be unconditional. (IPSOS MORI 2007) Further qualitative research for the RSA in 2010 found that at the core of what people valued in public services were the ideas of ‘security’ or a safety net, and ‘fairness’ – the ‘right’ people receiving services. (IPSOS MORI 2010)

A qualitative study by the Open University between April 2003 and May 2005 also found that people were reluctant to describe themselves as consumers of public services:

*“Asking people who use services to reflect on what words best describe themselves in their relationship with providers, the vast*

*majority rejected the label of consumer or customer. In healthcare, many people contrasted the personal, ongoing relationship with providers (e.g. with a GP) with the anonymity and discontinuity experienced by customers.” (Open University, undated, online reference)*

This research found users placing a high value on relationships: *“the quality of interactions (rather than choice of provider) is a key concern for people who use public services.”* (Open University, undated) Quantitative research by MORI in 2004 that examined the key drivers of satisfaction in public services also pointed to relationships as important. They found that five factors together could explain 67% of the variation in satisfaction with services. In order of importance, these were:

- *“Delivery: the service delivers the outcome it promised and manages to deal with any problems that arise.*
- *Timeliness: the service responds immediately to the initial customer contact and deals with the issue at the heart of it quickly and without passing it on between staff.*
- *Professionalism: staff are competent and treat customers fairly.*
- *Information: the information given out to customers is accurate and comprehensive and they are kept informed about progress.*
- *Staff attitude: staff are friendly, polite and sympathetic to customers’ needs”.* (MORI 2004:3)

Relationships are clearly involved in both issues of professionalism and staff attitude.

The qualitative research also discusses the importance of relationship quality, with this having particular salience in health care:

*“the most important factor driving satisfaction with in-patient care was being treated with respect and dignity, followed by being involved in making decisions... people want health services that do more than just deliver – they also want services to treat the user well.”* (IPSOS MORI 2010:18)

MORI characterise the type of relationship that people want with the state – and thus effectively with those delivering services - as moving from an ‘adult-child’ relationship, whereby citizens are told what to do but have little say, to an ‘adult-adult’ relationship *“characterised by clear language, compromise, respect and a degree of equality.”* (IPSOS MORI, 2010:27) This is echoed in comments by a workshop participant in research by Fischer Associates for the Health Foundation that *“when I go to the doctor’s they make me feel like a child”* (Fischer Associates, 2009)

The MORI work also identified a desire for relationships to be infused with more warmth or, perhaps, be more humanised:

*“people feel that the relationship between citizen and state could be more constructive – there is perceived to be an absence of warmth in the way public services relate to people and that this is then reflected in the ways people interact within public services and then with each other – in order to encourage people to care for each other the state should lead by example.”* (IPSOS MORI, 2007:10)

Research in the U.S. has pointed out that people’s reactions to public services may differ according to the context in which they interact with them. Trevor Brown (2007) contrasts service users who are customers, and can choose between services (for example between recreational facilities in a local area), those who are clients, dependent on a single service provider (for example refuse collection), and those who are captives, and must interact with the service (for example the police). His research with people in these three groups found that, perhaps unsurprisingly, those who were choosing to interact with a service rated it more positively. However, the *difference* that the quality of the interaction between the person using and the person delivering the service was much greater in the case of ‘client’ or ‘captive’ services: *“the conduct of public employees in these circumstances plays a significant role in shaping service evaluations.”* (Brown, 2007:568) This suggests that effective relationships may be particularly important in situations in which people have no choice about whether to access the service – for example in employment programmes.

The next sections discuss the evidence from distinct public services on whether effective relationships are valued, what are the effective elements of one-to-one relationships, the benefits these produce, and the circumstances in which these relationships can thrive.

## 5. Evidence from specific services: what importance do people place on effective relationships?

### Do people value effective relationships?

- The quality of relationships people have with others in all part of their lives is an important determinant of happiness and well-being. The evidence for this is so compelling as to be referred to in the psychology literature as a ‘deep truth’.
- An effective relationship with public service providers is a crucial factor in client satisfaction appearing repeatedly in studies of what people want from public services and in client feedback.
- Clients value this because they use services at times when they seek comfort. They may be angry, embarrassed, guilty or confused.
- Alongside the professional competence of the service provider, people make direct links between the effectiveness of the relationship and securing a good outcome.
- This seems to be especially important where people have more complex and chronic needs and have lower levels of skills and confidence.
- The role of relationships has started to be reflected in professional training and assessment, with health services developing particular expertise.

### Evidence from employment services

There is clear evidence that relationships with the advisors who deliver employment services (normally referred to as Personal Advisors) are an important, if not the most important, element in determining client satisfaction with services. Clients who access employment services are (with some exceptions, most notably lone parents) doing so as part of the conditions for receipt of benefits – and in these ‘compulsory’ interactions the quality of relationships may be particularly critical (see the discussion above).

Recent research for the Department for Work and Pensions (DWP) examined the “*drivers of satisfaction*” with employment services, in order to develop a way to measure how contracted out employment services are performing in terms of client satisfaction. The research involved 135 face to

face interviews across three Jobcentre Plus districts, and identified seven descriptors of what clients of employment services valued:

- Advisor relationship: catering to individual needs; continuity of advisor; mutual collaboration and support; and clear communication.
  - Advisor knowledge: employment knowledge; careers advice; and wider knowledge.
  - Job opportunities: quality and suitability; sustainability; range; and up-to-date.
  - Skills development: training to increase vocational skills; to increase confidence and social skills; formal training leading to a qualification; training in basic skills such as language courses; and work placements.
  - Financial support: expenses including travel costs, free stamps, clothes for interviews and other relevant costs.
  - Location of provider and job opportunities: accessibility of provider; and location of employment opportunities. Facilities for job searching: sufficient facilities for conducting job searches, including computers, telephones, and easily accessible job searching such as job folders.
  - Premises: welcoming, relaxed environment; clean and hygienic offices.
- (Campbell Hall et al, 2010)

Condensing these further, the research concluded that client satisfaction could be assessed by measuring satisfaction with four elements: the advisor relationship, advisor knowledge, job opportunities, and skill development.

The value placed on the advisor relationship emerged strongly throughout this research. As one client who was interviewed put it:

*“If there was no relationship then you would have nothing to build on and there would be no point... If the advisors didn’t build a relationship or a rapport with the customers then the whole thing would be a failure... it would become ineffective.”* (Campbell Hall et al, 2010:16)

Evaluations of specific programmes have also shown that clients place a high value on this relationship. For example, the evaluation of the Working Neighbourhoods Programme concluded that:

*“The relationship between customers and W[orking] N[eighbourhood] P[rogramme] advisors... was found to be a key driver of satisfaction with WNP, even if job outcomes were not achieved. It was clear that many people had benefited from strong emotional support from advisors as well as the provision of*



*information, which taken together were considered particularly valuable when looking for work.” (Dewson et al, 2007:61)*

Research with Jobcentre Plus customers, who were accessing both employment services and those designed to administer benefits, has also found that users of services see how they are treated as important. For those who access Jobcentre Plus services face to face:

*“aspects of service delivery based on customer treatment, including ‘being treated with respect as an individual’ and ‘respecting privacy’ came second in importance only to ‘providing information relevant to needs and circumstances”. (Thomas et al, 2010:7)*

Research has drawn attention however to the fact that different types of employment service user have different priorities. In their review of ‘what works for whom’ for the DWP, Hasluck and Green state that:

*“attitudes to Jobcentre Plus and satisfaction with its services may differ systematically across customer groups, with the factors leading to customer satisfaction being different for different customer groups. Ethnic minority customers appear to place more weight on face to face contact and the nature of the inter-personal communication with Jobcentre Plus staff than white customers. In contrast, other customer groups (such as well qualified young people) seem to place more weight on the ability of provision to give them access to the specific occupation they wish to enter while others are much more interested in the extent to which provision entails financial support.” (Hasluck and Green 2007:144)*

Likewise, in the research into what users wanted from employment services found variations between ‘customer groups’. Lone parents tended to favour a more relaxed approach from advisors, in contrast to younger and more ‘work-ready’ customers who wanted a pro-active approach to find work as quickly as possible (Campbell Hall et al, 2010)

Overall however, it is clear that an effective relationship with their advisor is central to client’s assessment of employment services.

### Evidence from education

Interactions between teachers and pupils may be seen as a different type of relationship than those involved in other public services. As the MORI research into what people want from public services found, many people want to access services in a way that encourages an ‘adult-adult’ relationship, rather than the ‘adult-child’ interaction that is central to



education (at least below university level). (IPSOS MORI, 2010) However, research has shown that the quality of this adult-child interaction is something valued strongly by children, and that has impacts on educational and other outcomes. We therefore review this evidence here, drawing on work by Group 8 Education and on several reviews or meta-analyses of the literature. As there is significant quantities of research in this area, and this was not the major focus of the project, in this area of the literature search we included only work that summarised several research studies.

Research by Group 8 Education, who work with schools in Australia and the UK, found that students consistently identify five priorities for the ideal school. These priorities point to the importance of humanised relationships between teachers and students. The ideal school is one where children know:

- I am safe
- I am respected by teachers
- I am believed in by teachers
- I am listened to by teachers
- My teachers are knowledgeable. (Corrigan, 2008 cited in CoSA, 2009a)

Bergin and Bergin cite research suggesting that in secondary schools, both students and teachers believe that good teachers are those that establish trusting, close relationships with students. (Beishuizen et al, 2001, cited in Bergin and Bergin, 2009) Research cited in Cornelius-White's review of learner centred teacher student relationships, similarly found that "*students desire authentic relationships where they are trusted, given responsibility, spoken to honestly and warmly and treated with dignity.*" (Poplin and Weeres, 1994, cited in Cornelius White, 2007:116)

#### Evidence from advice

Community Links has previously investigated the value of the relationships between those providing legal advice on social welfare issues and their clients. We focused on those providing legal advice funded by civil legal aid. These advisors were working in not for profit agencies. This research was published as *Time well spent: The importance of the one-to one relationship between advice workers and their clients.* (CoSA, 2009a)

This research found clear evidence that clients value a deeper relationship with their advisor. Research conducted for the project asked clients to describe their ideal advice provider.

This process was carried out in five Law Centres and advice agencies, generating 800 client statements. Twenty seven characteristics were then narrowed down from these statements, and 22 clients in seven law centres were asked to prioritise these.

The top six priorities were:

- Advisors are knowledgeable and appropriately qualified to provide advice to clients.
- Advisors provide high quality advice and effective guidance.
- Advisors communicate effectively with clients and take care to explain the issues clearly and honestly.
- Advisors take the time to understand client situations and problems.
- Advisors are experienced in dealing with client issues.
- Advisors are effective problem solvers able to handle a wide range of issues.

Statements three and four particularly focus on the quality of the relationship, reflecting the value placed on the ability to communicate and the time and the ability to listen. Taking the time to listen and understand is about showing support and empathy for the client, and demonstrating that the advisor cares about what is happening to the client, and wants to apply their knowledge and experience to address the issue at hand.

In an additional piece of research conducted for *Time Well Spent* by Allen and Overy, comments on the client feedback forms sent to five law centres (a total of 283) were reviewed. The relationship with their advisor was specifically mentioned by 26% of these with characteristics noted falling into two categories:

- *Advisor attitudes* that clients specifically recorded as being highly valued – accessible, diplomatic, conscientious, polite, helpful, friendly, supportive, sympathetic, kind, understanding, caring, hard working, believed in me, didn't give up on my situation, patient, courteous, honest, built my confidence, gentle.
- *Advisor competencies* that clients specifically recorded as being highly valued – professional, efficient, kept me informed.

In an on-going six-year study on the impact of debt advice on low income families, Orton has found that interviewees identified three key elements of debt advice: someone to talk to; information and options; and dealing with creditors. Orton notes that:

*“ ‘Someone to talk to’ was a theme raised in each year of the research and remained just as strong in Year three as in Year one. It might be thought that the importance of this element of advice*

*would diminish over time but this was not the case. At its simplest, this really did just mean someone listening to what the interviewee had to say. But there were other elements that were critical: advisors being understanding, non-judgemental and sympathetic were all vital. A related theme was that...before any information was provided or action taken, having someone to talk to gave interviewees a strong sense of reassurance. Some interviewees talked in terms of their debts being put into a broader perspective or it was the immediate assurance that there was an organisation available that could help, and ways forward. Other interviewees expressed this in phrases such as "having someone on my side" or "fighting my corner" (Orton, 2010:24)*

Orton concludes that some form of counselling is an important element of effective advice provision.

#### Evidence from health

The value placed by patients on their relationships with clinicians is well recognised in healthcare. Hartzband and Groopman report that medical humanism has been a major movement in medicine in the last decade where effort is made to understand the patient as a person focusing on values, goals and preferences with regard to clinical decisions. They go on to note that medical schools now routinely teach and assess cultural competence and the importance of individualised care. (Hartzband and Groopman, 2009) For example, the Royal College of General Practitioners has incorporated these elements into assessment of GP competencies. (Royal College of General Practitioners, 2010)

This reflects a sharp change from doctors playing a more paternalistic role where patients were expected to do what doctors told them. This new model of shared decision making reflects an ethical position that doctors should align their interests with those of the patient.

People value these relationships also as a source of comfort. People visit the doctor inevitably because they are worried about something. Two studies, one by Oeseburg and Abma (2006) of multiple sclerosis and another by Arora (2003) of cancer note that sufferers feel a great sense of 'loss' of physical abilities, perceived status and of perceived control and that this is one of any number of deeply emotional issues that people may be experiencing when they seek to use healthcare services. They may also be upset, angry or embarrassed and, as such, expect and need more understanding and support from healthcare professionals.

A survey by Little et al (2001) into patient-centered approaches to consultation involving 865 patients identified three domains of patient

preferences: communication (agreed with by 88-99%), partnership (77-87%), and health promotion (85-89%) and concluded that patients in primary care strongly want a patient-centered approach.

Coulter's (2005) article titled "*What do patients and the public want from primary care*", draws on a systematic review of the literature on patients' priorities for general practice care, which examined 19 studies published between 1966 and 1995. (Wensing et al 1998) This found that:

*"the most important factor was "humaneness," which ranked highest in 86% of studies that included this aspect. This was followed by "competence / accuracy" (64%), "patients' involvement in decisions" (63%), and "time for care" (60%)."* (Coulter, 2005, viewed online)

There is also clear evidence of what people think when the relationship is not a good one. One participant cited in research on doctor-patient communication in general practice talked about her doctor failing to take her concerns about asthma seriously:

*"It was like she (GP) didn't hear. One time I came out of here and I was crying because I didn't understand what was happening to me and I felt really small, like a worthless sort of human being."* (Barry et al, 2001:471)

Throughout the health literature, evidence is offered to show that more effective relationships between clinicians and patients contribute to making patients more empowered. In turn, evidence is given that empowered patients have higher satisfaction with care. (Barrett et al, 2003; Grol, 2001)

A study in Alaska asked healthcare users what they most wanted from their healthcare. The answer was continuous healing relationships based on patient need and personal choice. (Gottlieb et al, 2008)

We found one report that argued "*patients value convenience and access more than relationships with a doctor*" and concluded that "*the implications of this are profound.*" (Featherstone and Storey, 2009) The report goes on to focus on the importance of patients having choice over which GP practice to attend but notes that patients find it difficult to access high quality comparable information about GP performance. The report argues then that patient satisfaction correlates positively with good quality care and so could be a good proxy. However, as we see elsewhere in the literature, quality of relationships with clinicians is an absolutely key component in satisfaction. Furthermore, the report cites a number of web-based methods for sharing performance data on doctors such as IWantGreatCare.org, WellPoint, HealthGrades and RateMD. Yet looking at

the ways in which patients are asked to rate their doctors on these sites, factors such as time with patients, listening and answering questions, trust, helpfulness and communication (all factors that reflect important aspects of effective relationships) feature prominently.

## 6. Evidence from specific services: what are the elements of effective relationships?

### What are the elements of effective relationships?

**Understanding** – the service provider seeks to understand the needs and circumstances (economic, personal, emotional, cultural) of the person using services and treats people with dignity and respect demonstrating that they are ‘on their side.’ In return people using services acknowledge the pressures on service providers and their need to make judgements about good use of public funds.

**Collaboration** – there is trust, both sides have confidence in each other, both are honest and achieve a position where agenda setting and decision making are shared.

**Commitment** – where the service provider demonstrates dynamism and commitment and is thorough and well prepared for meetings.

**Communication** – where the service provider listens and opens new lines of questioning to draw out relevant deeper issues.

**Empowerment** – where relevant, an aim of public services should be to support people to change thinking and behaviour so as to cope differently with challenges in the future. This may involve challenge and confrontation but if the other elements of effective relationships are in place, the result can be powerful for the individual and cost effective for the public purse.

**Time** – having the time is important, but this is not open-ended. With the right skills and systems in place people can quickly put these elements of effective relationships in place.

### Evidence from employment services

Research into what drives user satisfaction with employment services looked at the elements of relationships that clients valued. Key criteria of effectiveness for clients were clear communication, mutual collaboration, trust and the advisor taking a non judgemental attitude:

*“customers valued mutual collaboration and support between themselves and their advisors, and voiced a desire for a trusting, non judgemental relationship, where advisor and customer worked*

*together to find suitable employment opportunities. Active involvement in the process and having their opinions sought and acted on boosted customers' confidence and motivation to find employment.”* (Campbell Hall et al, 2010:17)

A separate research project commissioned by the DWP involved extensive analysis of conversations between clients and advisors during the ‘work focussed interviews’ that clients must take part in as a condition of claiming benefit, and which are intended to encourage and help them to move into work. Interviews were observed in both the Jobcentre and in contracted out employment provision delivered by the private and voluntary sector in ‘Employment Zones’. They defined as ‘effective’ the *“strategies which encourage a client to consider constructively, or make positive progress within, the stages of going back to work.”* (Drew et al 2010)

They found that advisors in Employment Zones were generally more effective in this sense than those from Jobcentre Plus, and highlighted five ways in which it was possible to differentiate more effective advisors, as:

- **collaborative** in their approach to the interview, treating the relationship with the claimant as a partnership;
- **directive** – guiding the interview agenda, and providing explicit instruction to claimants on a range of practical matters, such as CV construction, what to wear to an interview, how to answer interview questions, and how to find suitable childcare;
- **proactive** – pursuing employment and training opportunities there and then during the interview, and ensuring that they followed claimants up (e.g. with a phone call later in the week);
- **positive** about the claimant, for example highlighting marketable skills;
- **challenging** – requiring claimants to engage actively in job seeking, and encouraging them to think differently about their situation. (Drew et al 2010:6)

They distinguished between a ‘process-led’ approach, in which advisors followed a set script, almost regardless of the individual they had in front of them, and a ‘claimant-focused’ approach, which took into account the specific needs of the client. Although the research states that there may be tasks for which a process led approach is appropriate:

*“a process led approach risks missing opportunities for supporting the client's back to work journey which may well have been followed up effectively had the advisor been more focused on the individual”* (Drew et al, 2010:202)

This echoes previous research contrasting Employment Zone and Jobcentre Plus advisors, which found that Employment Zone advisors are:

*“able to devote more time to getting to know customers and to identifying their barriers and job aspirations. They are also more persuasive and accommodating, aiming, where possible, to place customers into work of their own choosing, rather than compelling them into jobs they do not want.”* (Griffiths and Durkin, 2007:4)

From both the client perspective, and that of the service aim of getting people into jobs, an approach that focuses on the individual and emphasises collaboration seems vital.

### Evidence from education

In their review of *“attachment in the classroom”* Bergin and Bergin draw on attachment theory to explain how teachers can develop relationships that make pupils feel ‘secure’. Attachment theory relates to how children interact with their primary caregivers, mainly parents, and suggests that these relationships provide the foundation for socio-emotional well-being. Children with secure attachments to their primary care-givers go on to do better at school, both socially and academically. (Bergin and Bergin, 2009)

Bergin and Bergin state that although some relationships between children and teachers also have the quality of ‘attachment’ some are weaker than this. However, they show that quality relationships between teachers and pupils at either the level of attachment or below are important for a range of children’s outcomes (see below), and that secure attachments between pupils and teachers can compensate where children do not have secure attachments with their primary caregivers.

They state that *“to be effective, teachers must connect with and care for children with warmth, respect and trust.”* (Bergin and Bergin, 2009:150) Secure student relationships in elementary school have been characterised by:

*“trust, feeling in tune with the student, and perceptions that the student feels safe with the teacher, the student would seek help, and the teacher could console the student”.* (Pianta and Nimetz 1991, cited in Bergin and Bergin 2009:151)

Bergin and Bergin also offer a series of recommendations for teachers of how to build this type of relationship:

1. *Increase sensitivity and warm, positive interactions with students.* A key way to achieve this is to increase knowledge of child development.
2. *Be well prepared for class and hold high expectations for students.* This demonstrates that teachers care about student achievement.



3. *Be responsive to students' agendas by providing choice wherever possible.*

4. *Use induction rather than coercive discipline.* Explain the reasons for rules and the consequences of breaking them, rather than using threats and the teacher's ability to control resources such as recess time, grades or detentions.

5. *Help students be kind, helpful and accepting of one another.*

6. *Implement interventions for specific, difficult relationships.*

(Adapted from Bergin and Bergin, 2009:158-160)

Theo Wubbels and Mieke Brekelmans draw on what they call the 'systems approach' to also argue for the importance of teacher – student relationships. This approach suggests that all interactions between teachers and students will have an impact.

*"One cannot not communicate when in the presence of someone else, whatever a person's intentions are, others will infer meaning from this behaviour."* (Wubbels and Brekelmans, 2005:7)

They review research on teacher-student relationships in secondary schools over 25 years, and find that *"appropriate student relationships are characterised by a rather high degree of teacher influence and proximity towards students."* (Wubbels and Brekelmans, 2005:6) These characterisations of 'proximity' and 'influence' come from the use of a Questionnaire on Teacher Interaction, which asks students and teachers to map the relationship on two axes. One axis looks at whether teachers are more 'dominant' or 'submissive'. The other looks at whether they are more oppositional or co-operative. 'Influence' refers to the teacher being more dominant than submissive; 'proximity' to the teacher being more co-operative than oppositional.

### Evidence from advice

Research into the cost of quality legal advice led by the Refugee and Migrant Justice Centre and cited in *Time Well Spent* identified a number of ways in which clients felt that the solicitor had provided them with a good quality one-to-one relationship. The factors associated with this were that the solicitor was:

- Thorough and meticulous
- A good and careful listener
- Respectful of the client
- Empathetic
- Sympathetic
- Patient when dealing with the client during meetings and telephone calls

- Confidence inspiring
- On the side of the client.

Competence was not sufficient – clients needed to feel that they were being listened to. As one participant in this research put it:

*“Well my first solicitor, the one I got when I made my initial application for asylum, was not interested in anything, my welfare or anything. They are competent but indifferent to the plight of their clients, including myself”* (in CoSA, 2009a:15)

Research for the Ministry of Justice (then the Department for Constitutional Affairs) into ‘legal problem clusters’ in solicitors and advice agencies also found that certain interviewing styles were more effective than others at getting clients to reveal a greater number of legal problems:

*“About 12% of problems were raised implicitly, either through proactive questioning by the advisor or being picked up through general dialogue with the client about the ‘main’ problem. Advisor interviewing skills played a part in this: those assessed as better interviewers on certain criteria exposed more complex problems.”* (Moorhead and Robinson 2006:ii)

Researchers investigated the extent to which advisors carried out four practices within the interview:

- the extent to which the advisor checked that they had understood the client’s problem(s);
- the extent to which the advisor checked for additional facts associated with the client’s situation;
- the extent to which the advisor took notes about the client’s problem(s); and
- the extent to which the advisor stated a plan of action.

Those advisors who checked for additional facts and who took notes were more likely to reveal additional problems than the problem the client had initially come in to address, although these problems are often linked closely to the issue that the client tells the advisor that they need to resolve.

This research also investigated the idea of advisors ‘empowering’ clients to take action. They found that some advisors;

*“stressed that empowering clients was an important element of successful, effective advice giving. At best, it benefited the individual client by providing him/her with valuable life skills; it*

*reduced that individual's need to seek further advice; this in turn freed up advisor time enabling a new client to be dealt with.*" (Moorhead and Robinson, 2006:78)

However, 'empowerment' was not always effective, and some clients were in too vulnerable a position to be able to act without assistance:

*"Clients were confused by the instructions they were given and left problems to fester or escalate as a result. Clients coping with years of social exclusion or dramatic worsening in their health or lifestyle and poor levels of educational attainment and self-esteem are often ill-equipped to deal with complex bureaucracies or hostile opponents."* (Moorhead and Robinson, 2006:iii)

### Evidence from health

Work by the Royal College of General Practitioners (2010) has sought to incorporate establishing effective relationships into the competencies of GPs. For example, in order to demonstrate excellence in communication and consultation skills, a GP must:

*"Incorporate the patient's perspective and context when negotiating the management plan; Whenever possible, adopt plans that respect the patient's autonomy; Use a variety of communication techniques and materials to adapt explanations to the needs of the patient; and appropriately use advanced consultation skills such as confrontation or catharsis to achieve better patient outcomes."* (Royal College of General Practitioners, 2010:1)

A second competency looks at the ability to practice holistically, meaning the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts.

Fischer Associates build an interesting analysis around the role that fear plays in doctor-patient interaction. (Fischer Associates 2009) The fear of not going to the doctor and getting seriously ill, the fear of going and receiving bad news, but also of the fear of being humiliated if found not to be ill, or guilty at taking up the doctor's valuable time. Doctors meanwhile fear making mistakes, getting in to trouble if they prescribe or refer people on too much and also handle the expectations and interactions with patients who may be unstoppable in their conversation and insatiable in their demands. The analysis examines how the conventional form of consultation has evolved to manage and reduce the doctor's fear whilst potentially disregarding the anxieties of the patient.

There has been longstanding understanding in healthcare fields on the importance of good communication skills in establishing effective relationships, for example in a number of studies on the treatment of cancer (Cassileth et al, 1980; Cawley et al, 1990; Derdarian, 1986 and Gray et al, 1998)

The choice and use of language is important. Focusing on 'the voice of medicine' by using technical and scientific terms serves to confuse patients, as well as to de-contextualise events and remove them from particular personal or social contexts, to the detriment of establishing effective communication. (Barry et al, 2001) This article cites Mishler's widely referenced 1984 study of the discourse of medicine which proposes that if doctors used more ideal forms of speech including listening, asking open-ended questions and translating technical language, care would become more both humane and more effective. Mishler cites eight necessary and sufficient conditions.

*"A view of patients as (1)autonomous, (2)unique and (3)irreplaceable 'whole persons' who are treated with (4)empathy, (5)warmth and (6) share in decisions with doctors in (7) an equal and (8) egalitarian relationship."* (in Barry et al, 2001:490)

This work by Barry et al involved a qualitative study of doctor-patient communication in general practice and found that in the consultations that generated the best outcomes, doctors made use of open-ended questions, active and open listening without interruption, humour, questions directly concerning context and the wider lives of patients, spoke in natural, everyday language, made empathetic statements of recognition and acknowledged and validated patients' feelings. As we note elsewhere in this review, there are of course situations where straightforward, single issues can be dealt with successfully without a deeper engagement. The implication here is that systems need to be highly skilled at triage so that deeper problems are not missed and left to get worse.

Oeseburg and Abma (2006) conclude that care should be seen not as a transaction of technical information but as a 'mutual endeavour,' where professionals commit themselves to an interactive relationship with patients in order to develop advice that is consistent with the patients' values and preferences. Referring to the process of care as a mutual endeavour also highlights the responsibilities that rest on patients themselves: to be informed; to adhere to agreed treatment regimes and to enable good communication with clinicians. (Bakker et al, 2001)

## 7. Evidence from specific services: what are the benefits of effective relationships?

### What are the benefits of effective relationships?

Where relationships are effective, evidence reveals that they contribute to achieving a range of valuable benefits: the failure to realise these benefits can be damaging.

- The relationship between the advisor and the client in employment services has consistently been found to be a key element of a successful approach to helping people into employment.
- Pupils who develop positive relationships with teachers go on to achieve better academic results.
- People who access advice services funded by civil legal aid are more likely to reveal full information if the advisor builds a trusting and respectful relationship, thus leading to swifter resolution of cases, and clients who are more satisfied with the outcomes.
- Patients who experience a good relationship with their healthcare professional are more likely to engage in positive behaviour change.

### Evidence from employment services

A wide range of evaluations of employment programmes have concluded that the strength of the advisor-client relationship is a, if not the, critical element in meeting the service aim of helping the client to access employment. Hasluck and Green's (2007) review of 'what works for whom' across DWP programmes, concluded that one of the strongest conclusions to be drawn from the wide range of evaluation evidence they considered, was that Personal Advisors were 'critical to the success or otherwise of interventions'. They stress that ensuring that this relationship functions well should not be seen as an optional extra, but is vital to the success of programmes:

*"Friendly staff, welcoming accommodation and a sense of shared purpose are not just desirable rather cosmetic aspects of provision but may be essential elements in the effectiveness or otherwise of provision....a key to effective provision would appear to be for*

*Jobcentre Plus and programme providers to engage effectively with customers and to ‘buy in’ to any provision to which they are referred.” (Hasluck and Green, 2007:147)*

Analysis of Work Focused Interviews likewise cites the research consensus that:

*“the advisors’ ability to convey appropriate information at the appropriate time, within a relationship of co-operation, respect and trust, plays a crucial role in helping move claimants forwards into work-related activity or into work itself.” (Drew et al 2010:225)*

There is less evidence on how effective relationships within employment services might benefit clients in other areas of their lives. However, some of the findings that advisors aim to increase confidence and motivation suggest that these relationships may have ‘spill over’ effects. The research into effective techniques in Work Focused Interviews described the more successful advisors as developing a sense of ‘self efficacy’ in clients ‘motivating them to recognise how much more they had going for them than they initially thought.’ (Drew et al, 2010) Successful relationships with advisors are also described as improving customers ‘confidence and motivation levels’ (Campbell Hall et al, 2010) with this being particularly important for ‘vulnerable’ or ‘challenging’ customers.

IPPR’s research with Personal Advisors found that they felt that their role was to ‘motivate and empower’ their clients, not just to get them a job. They quote one personal advisor expressing this view:

*“Obviously our aim is to try and get people into work and training, but I think it’s also about moving people forward... for [the] long term. So it’s not just measured [by] what we do... but I think there’s a bit more to it than just targets and getting people jobs.” (McNeil, 2010:15)*

Engaging in paid work can itself have benefits for health and self esteem. (Waddell and Burton, 2006). But effective relationships may also influence these factors by improving confidence, not just by making the process of job search more successful.

### Evidence from education

Educational research demonstrates the importance of relationships for both academic and social outcomes.

Bergin and Bergin (2009) show evidence (from the U.S.) that good quality relationships between pupils and teachers impact on pupil academic achievement. At elementary school level:

*“In a study of several hundred first to fifth graders, emotionally warm, sensitive teachers had students with greater growth in math and reading ability. (Pianta et al 2008) In a study of 827 first-grade classrooms in 32 states, emotionally supportive teachers had students who were more likely to engage in academic activities, experience positive relations with peers, and avoid negative behaviours (National Institute of Child Health and Early Development Early Childcare Research Network 2002).” (Bergin and Bergin, 2009:152)*

The impacts of positive relationships may be particularly important for the most disadvantaged children with several of the studies reviewed showing greater impacts for children who had low socio-economic status, were low achieving, or African American.

The importance of positive relationships was also confirmed in a meta-analysis of 119 studies by Cornelius-White, who also found that the influence of relationships was higher than that of many other types of educational intervention:

*“Positive relationships, non-directivity, empathy, warmth and encouraging thinking and learning are the specific teacher variables that are above average compared with other educational innovations. Correlations [for the impact on students of these factors] for participation, critical thinking, satisfaction, math achievement, drop-out prevention, self esteem, verbal achievement, positive motivation, social connection, IQ, grades, reduction in disruptive behaviour, attendance, and perceived achievement are all above average and are presented in decreasing order.” (Cornelius White, 2007:144)*

Cornelius-White points out that many of the studies discussed in this analysis involve correlation, rather than causation; it may be that students with these attributes encourage teachers to form more positive relationships rather than vice versa. However, there appears to be good evidence to suggest that positive interactions between students and teachers are an important element of school success.

#### Evidence from Advice

As described above, research for the Ministry of Justice showed that advisors with more effective interviewing styles were more able to uncover



additional problems being experienced by clients, and to carry out their case on the basis of better information (Moorhead and Robinson, 2006) *Time Well Spent* (CoSA 2009a) found that the trust and confidence created between advisor and client when the client feels respected and listened to is essential for gathering and giving effective information. Where the relationship is poor, information can be withheld, misunderstood or passed on incorrectly leading to the wrong advice being given, to the wrong outcome being achieved, or to failures that have to be addressed later.

One clear example of the possible economic benefits of effective relationships is given by the Early Advice pilot in Solihull. This pilot tested whether more investment in legal advice and discussion at the early stages of asylum applications would shorten the time taken for decision making in these cases, and lead to greater justice and lower costs. The evaluation found good evidence of success: the rate of conclusion of such cases significantly increased, appeal rates fell, and the evaluation identified considerable potential savings. (Aspden, 2008)

The pilot involved closer working relationships at all stages of, and between all parties in the case, including between home office representatives and advisors, as well as between advisors and clients. Improved relationships between advisors and clients do seem to have played an important role in the pilot's success. The evaluation noted that applicants 'seemed to have a better understanding of what was happening at each stage of the claim' and that there was a clear value in the applicant having the same representative throughout the process. One interesting finding from the pilot was that negative decisions were better received by applicants, and there were fewer 'absconders'. The evaluation concludes that this was because applicants had been involved throughout the whole process, and appreciated that they had been able to put their case fully. (Aspden 2008, cited in CoSA 2009a)

It is clear that advice provision itself has benefits that go wider than the resolution of a case for one individual. Examining the cost effectiveness of legal aid expenditure, Citizens Advice have estimated that:

- For every £1 of legal aid expenditure on housing advice, the state potentially saves £2.34.
- For every £1 of legal aid expenditure on debt advice, the state potentially saves £2.98.
- For every £1 of legal aid expenditure on benefits advice, the state potentially saves £8.80.
- For every £1 of legal aid expenditure on employment advice, the state potentially saves £7.13. (Citizens Advice, 2010)



This analysis does not isolate the independent impact of effective relationships on achieving these cost savings, although the evidence we have seen suggests that effective relationships are key to achieving the successful resolution of cases. However, one of the ‘costs’ estimated by the Citizens Advice work to be reduced by expenditure on civil legal aid however, is that of stress related illnesses. Here there does seem to be clear evidence that effective relationships are key to reducing the incidence of stress. Moorhead and Robinson found that:

*“Simply having someone to talk to was felt to be beneficial, although the advisors typically did much more than that. Clients talked about being calmed down, cheered up and made to understand their rights.... Many clients spoke of dramatic reductions in stress levels, feeling much more relaxed about their situations and many of those who had reported health problems arising from the stress talked about how the advice had led to their problems abating. ...advisors could act as an antidote to bureaucratic indifference.”* (Moorhead and Robinson, 2006:63)

They refer both to the importance of advisors ‘validating’ the client’s perspective, and responding ‘humanly.’

#### Evidence from health

There is a wide range of evidence from health research on the benefits of effective relationships between clinicians and their patients as well as the negative impacts of poor relationships.

Taking the negative impacts first, Fischer Associates (2009) note that where consultations are poor, there are a number of potential concerns: Safety, where there is a clear risk to patients if symptoms are missed; efficiency, where patients may return to the same doctor or make another appointment with a different doctor if not satisfied with the first consultation; and equity when the ability of patients to get what they want or need will depend on their strategies for getting through the consultation. That study concludes that:

*“The quality of care is a factor of the quality of the interactions between people who use services and people who provide them. Thus, transforming this dynamic is a (lever) for improving quality.”* (Fischer Associates, 2009:2)

As a further development of the point about equity, Bakker et al (2001) note that the literature indicates that personal characteristics such as education level may impact on how health care professionals interact with patients. For example some researchers have reported that physicians

may give less information to patients that with less education and lower incomes.

Oeseburg and Abma (2006) note in their study of the experience of a multiple-sclerosis patient that misunderstandings in medical encounters have negative outcomes for patients.

A study by Barry et al (2001) examined 35 general practice case studies via detailed analysis of doctor-patient consultations and looked at a range of endpoints such as adherence to treatment and patient satisfaction. Findings revealed that the poorest outcomes occurred when patients' wider relevant context and meaningful problems going on in their lives were ignored or actively blocked by the doctor from being revealed. In two cases with the poorest outcomes, both consultations had involved children. The doctors in these cases had been focused on time and securing the efficient throughput of patients. However, both patients ended with incorrect and needlessly expensive outcomes with prescriptions that they did not want nor need (as agreed by doctors in a post-consultation interview).

The analysis led to the conclusion that increased focus on understanding the wider issues facing patients makes not only for the humane treatment of patients, but for better outcomes, particularly for chronic physical conditions and psychological conditions. Interestingly, Barry et al found that where consultations fully examined context and the situation, psychological conditions were initially presented as a physical problem.

Bakker et al (2001) note the importance of patients being active participants in the process of their healthcare and in 'not just letting something happen to you'. This study focuses on the importance of 'connectedness' between patients and their health workers and the important impacts that can be secured when this is achieved. Where patients feel that their health worker is making an effort to focus on the individual circumstances and needs, the study found that this led to trust and the patient taking much greater role in their treatment. Where patients and clinicians failed to connect, women assumed a more passive and submissive role. Where effective communication has helped to ensure that they did connect, the study points to a range of benefits that are secured and cite further studies as evidence for this. Effective communication leads to:

*"Increased patient participation in treatment decision making;*  
(Benbassat et al, 1998 and Bilodeau et al, 1997)

*Increased ability to cope during and after treatment;* (Johnson et al, 1988) *and*

*Increased satisfaction in treatment choices and interactions with health care providers” (Wiggers et al, 1990; Cassileth et al, 1980)*

One study in the US goes as far as to argue that an approach that is patient-centred, health-oriented and emphasises the therapeutic relationship between clinicians and patients is ‘a strategy to address the epidemic of chronic diseases bankrupting the (US) economy’ (Maizes et al, 2009:277). It notes that the cost of chronic care in the US is greater than \$1.5 trillion a year, or 75% of all medical expenses. Significantly, it argues that an increased commitment to being patient-centred is a necessary step to healthcare systems moving to a greater focus on prevention and health promotion, even simple activities such as taking more exercise and the impact that this can have on conditions such as diabetes.

Other studies also find that good relationships appear to play a strong role in contributing to positive behaviour change in patients. (Rollnick et al, 1992 and Lussier and Richard, 2007)

The argument underpinning these conclusions is that empowered patients with a greater sense of control over their lives have:

*“greater knowledge, skills, attitudes and self awareness necessary to influence their own behaviour..., to improve the quality of their own lives.” (Maizes et al, 2009:281)*

These authors then review a range of other research that a greater focus on the needs of the patient results in:

*“...better adherence to treatment regimes (Hall et al, 1988 and Hughes 2008); and improved outcomes.” (Greenfield et al, 1985, Lind-Albrecht, 2006, Power and Bendall, 2003 and Segal, 1998)*

They also reference a study of therapies for tackling Irritable Bowel Syndrome which:

*“layered three approaches to discover the impact of being involved in a study (Hawthorne effect), receiving a therapeutic ritual (placebo treatment) and responding to an ‘augmented visit’ with a warm empathetic practitioner. They found that an enhanced relationship with a practitioner, together with the placebo treatment provided the most robust treatment.” (Kaptchuk et al, 2008 in Maizes et al, 2009:281)*

The article also cites what it describes as a ‘dramatic’ example of the benefits of effective relationships generated by a retrospective analysis of psychiatrists treating patients with depression. (McKay et al, 2006) Those

psychiatrists in the study able to develop strong relationships revealed better results by using a placebo to treat depression than physicians less gifted at developing relationships who used an active drug. The authors conclude that:

*“the health care community would be wise to consider the psychiatrist not only as the provider of treatment, but also the means of treatment”* (Maizes et al, 2009:281)

Further evidence that effective relationships can contribute to cost savings is mentioned in the study of Alaskan healthcare cited above. Having consulted patients over what they most wanted from their healthcare, a new system was designed around making more use of primary care services with effective relationships at their core. The result was use of urgent care / emergency department reduced by 40%, specialist care reduced by 50% and hospital days by 30%, all the while increasing patient satisfaction from 35% to 85%. (Gottlieb, 2008) This initiative is also referenced in the World Health Organisation’s 2008 World Health Report.

An interesting additional perspective here on the benefits of effective relationships which cuts across all service areas relates to the impact of poor relationships with clients on staff burnout. Maslach and Jackson’s seminal work on this topic notes how staff-client interactions are inevitably charged with feelings of anger, embarrassment, fear or despair and that solutions are not always obvious and easily obtained thus adding further ambiguity and frustration. For professionals that are helping people in such circumstances, the ongoing stress can be emotionally draining and lead to a range of negative impacts including emotional exhaustion where workers feel they are no longer able to give of themselves, cynicism and where staff develop negative or cynical attitudes towards their clients even to the extent that staff can come to view their clients as somehow deserving of their troubles. The authors conclude that:

*“The consequences of burnout are potentially very serious for staff, clients and institutions. (They) can lead to deterioration of quality of care (and are also) a factor in job turnover, absenteeism and low morale.”* (Maslach and Jackson, 1981:100)

The Maslach Burnout Inventory (MBI) was developed to measure aspects of burnout syndrome and to develop an instrument to assess burnout in a wide range of workers delivering services. The MBI invites respondents to rate how they feel about a number of statements including:

*‘I can easily understand how my recipients feel about things I can easily create a relaxed atmosphere with my recipients;*

*I feel exhilarated after working closely with my recipients;*

*I feel I treat some recipients as if there were impersonal objects;*

*I've become more callous towards people since I took this job;*

*I don't really care what happens to some recipients. (Maslach and Jackson, 1981:101-102)*

As is clear, much of this relates specifically to aspects of the quality and effectiveness of the personal relationships staff have with their clients.

The benefits to staff of positive relationships with clients is also noted by Bakker et al who show how a good therapeutic relationship has positive influence on work satisfaction. (Bakker et al, 2001) Investing time and resources into enabling staff to establish and maintain effective relationships with their clients clearly has, then, a range of important benefits.

## 8. Evidence from specific services: in what situations do effective relationships thrive?

### In what situations do effective relationships thrive?

- **Front line autonomy** – excessive focus on a set process, and on ‘output’ targets (as opposed to outcomes) restrict the ability of advisors to treat the client as an individual. Advisors who have autonomy over how they carry out their work can build better relationships.
- **Continuity and time** – building an effective relationship requires time, and ensuring that a client sees the same advisor over the period in which they are interacting with a service helps to provide this time and establish a relationship.
- **Training and skills** – clients will trust advisors when they know that they are competent in their role.
- **Attitudes of the advisor** – professionals need to have an attitude towards their clients of trust and respect, and to be proactive in pursuing their case.
- **Separation** between ‘policing’ and ‘supporting’ – professionals may both ‘police’ the system and assist clients to access it. Situations in which there is a clear separation of these roles – or these roles are conducted by different people, may help to build the relationship of trust between the client and the professional in the ‘support’ role. Where this is not possible, the relationship with the advisor assumes even more importance.

### Evidence from employment services

One of the key findings from research comparing employment services that have been contracted out to private sector organisations to those delivered by Jobcentre Plus, is that advisors in contracted out services can develop better relationships with their clients due to their greater autonomy and flexibility over how to achieve outcomes. Evaluation of the Employment Zone programme concluded that:

*“what differentiates Employment Zone delivery from mainstream employment services and contributes to improved performance is the way in which the flexibilities afforded to contractors feeds into*

*the interface between advisor and customer. Unlike in Jobcentre Plus, Employment Zone providers have no other distractions or responsibilities and operate with greater discretion and autonomy (and that) Employment Zone advisors themselves tended to highlight the flexibility and high levels of autonomy they have in the role which they felt enables them to work more effectively with their clients to achieve better outcomes.” (Griffiths and Durkin 2007:36)*

Analysis of client – advisor interactions in Jobcentre Plus and Employment Zones similarly highlighted the impact of the greater flexibility enjoyed by Employment Zone advisors on their ability to effectively engage clients. This research also pointed to the tension between Jobcentre Plus advisors role in administering the benefit system, and in trying to engage with their clients as individuals:

*“a question is how successfully these twin functions or roles are combined in Jobcentre Plus WFIs and whether the requirements associated with the ‘administration’ role/tasks create tensions and difficulties when combined with performing the more claimant – focused role of assisting clients in their search for work.” (Drew et al, 2010:221-222)*

Research by the IPPR with personal advisors also highlighted this potential conflict. They point to the power dynamic between client and provider being different in employment services to other public services, due to the conditionality involved. (see also Stafford and Kellard, 2007) They suggest that attempts to increase this conditionality may create similar tensions for contracted out services as have been experienced by Jobcentre Plus workers:

*“It has not been custom or practice among employment providers to threaten clients with sanctions. On the contrary, much of what advisors do... is done to promote rapport and trust and to work with people’s ambitions and aspirations rather than to impose anything on them. If providers start being more co-ercive, there is a danger that the essential trust will irrevocably be broken.” (McNeil, 2010:23)*

The IPPR research also suggests three other ways in which effective relationships can be encouraged. Firstly, they suggest co-location of employment service providers with other trusted local organisations, in order to engage people in a friendly environment. Secondly, they suggest that workers involved in engagement are also those involved in delivery, to maintain the trust and continuity. Lastly they discuss the role of training

and professionalisation of advisors. Training was universally thought to be useful by the advisors they interviewed:

*“not only for increasing and improving skills and knowledge, but because it created the opportunity to reflect on individual practices and learn from others.” (McNeil, 2010:20) .*

However, there were mixed views about whether a specific advisor qualification and associated professionalisation was necessary; many advisors were committed to retaining a front line role and saw experience in this type of setting as the most important quality.

Advisor autonomy and flexibility is key to the establishment of effective relationships. This can be enhanced by effective training and support, but will be threatened by having to engage in process led tasks, and, arguably, by having to ‘police’ the system and apply sanctions.

### Evidence from education

Bergin and Bergin’s (2009) review of attachment in the classroom, points out that it may be easier for teachers to form effective relationships with pupils in pre-school or elementary school than in secondary school, due to teachers spending more time with pupils. They also point out ways in which ‘junior highs’ differ from elementary schools that may interfere with what they refer to as ‘school bonding’ – or the sense of belonging at school that students get from a network of secure relationships with teachers and peers. In ‘junior highs’ there is a greater emphasis on teacher control and discipline, with teachers spending more time maintaining order, and less time teaching. In this context, teacher student relationships are also less personal and positive.

In their recommendations for school wide policies that create the circumstances in which positive relationships can thrive, they recommend keeping schools small, and providing continuity of people and place – for example maintaining the same teacher over a number of years, and in the same building.

### Evidence from advice

*Time well spent* (CoSA 2009a) identified six things that advisors need in order to establish good one-to-one relationships. Some of these referred to advisors’ own skills, attitudes and competencies, some to the environment in which they were using these. Moorhead and Robinson also refer to advisors needing a combination of:



*“skill and time, as well as an understanding of what is possible in terms of legal advice and the capacity of bureaucratic systems to respond to interventions from outside” (Moorhead and Robinson, 2006:74)*

The conditions identified in *Time Well Spent* for advisors were as follows:

“They need the **time** – building relationships takes time. Clients repeatedly talked about the importance of advisors taking or having the time to listen.

They need to **begin building relationships** at the earliest opportunity.

They need to **hold certain values** – the relationship with clients needs to be based on respect. From this, flow relationships where the dignity and equal worth of clients is recognised.

They need certain **attitudes** – the rigorous pursuit of cases requires advisors to be proactive and show that they will not be put off by hurdles. This helps to inspire confidence in the client that the advisor cares about them.

They need the **skills** – building relationships requires advisors to be good listeners and good communicators. It also requires an understanding of the impact of multiple disadvantage on people and how, in these circumstances, it is especially important for clients to feel valued and that the service is responsive to their needs.

They need to be able to deal with clients as **people not cases** – they need to operate within a system that recognises the value of building a good relationship; rushed transactions in highly pressured environments, burdensome administration and excessive direction in how to manage the progress of a case all mitigate against creating the conditions needed to develop a productive relationship.” (CoSA 2009a)

#### Evidence from health

The amount of time clinicians can spend with their patients is seen as playing a role. Barry et al found that doctor-patient consultations that resulted in the best outcomes took longer, from between seven and 20 minutes. Shorter consultations, where doctors were focused on getting people seen quickly, resulted in poor patient satisfaction and unnecessary expense on prescriptions that were not wanted or needed. A systematic review carried out by Freeman et al (2002) found that doctors with longer consultation times consistently prescribed less and offered more advice on lifestyle and other health promoting activities. They add that longer

consultations have been significantly associated with better recognition and handling of psychosocial problems and with better patient enablement.

The research studies examined for this review note that attention needs to be given to the structural aspects of healthcare systems to enable doctors to work fully within the patient-centred model. (Barry et al, 2001) Featherstone and Storey (2009) make the interesting recommendation in their report that a patient premium could be introduced to reflect the additional resources GPs may have to allocate to patients from poorer backgrounds.

Hartzband and Groopman are noted above as identifying medical humanism as a major movement in medicine in the past decade. In the same article, they also note the trend to evidence-based practice where experts evaluate the best data and develop clinical guidelines in response. They argue that 'now when it is important for (these two trends) to coalesce, they are poised to collide.' (Hartzband and Groopman, 2009:554) As doctors come under increasing pressure not to spend, they will have to get patients to accept a particular course of action in their treatment 'regardless of whether it is compatible with their values of preferences.' (Hartzband and Groopman, 2009:555) The authors see the solution as a true commitment to shared decision making, though this is complex particularly where the public servant is having to ration or police access to resources.

Efficient administration is also seen as a necessary part of making it possible for relationships to thrive. Fischer Associates note the impact that frustration with administration can have on patients making the patient feel 'sullen' and frustrated. (Fischer Associates, 2009) This is one of a number of what Fischer Associates note as 'system conditions' that can undermine the ability of the doctor to establish a good relationship with patients. The implication for enabling good relationships is to focus effort on processes and support systems that increase the likelihood of patients and clinicians being 'at their best' at the moment of interaction. This would include ensuring basic measures like records being in the right place at the right time. However, it would also go beyond this to making sure that record keeping is good so that doctors and patients can quickly pick up where they left off, wider issues such as supporting organisations to be joined up around the consultation both before and after, and ensuring that lessons about what supports and advances good relationships with patients are captured and reflected by healthcare institutions.

Fischer Associates also introduce an interesting additional dimension to the debate about how to support relationships to thrive by raising the question of how important different staff within the health system consider developing relationships to be. The evidence suggests the need to

organise clinical interactions in more everyday ways but their research found doctors saying that nurses are seen as delivering this, not them. The clear inference underpinning this was that this type of work is seen as lower status. In research workshops, doctors tended to:

*“dismiss informal interaction as ‘just’ something: ‘just sitting and chatting’, ‘I haven’t got time just to sit and chat’ ‘the nurses do that chatting stuff’, and ‘the emotional is done by our nurse, not by me’”*  
(Fischer Associates, 2009:12)

Doctors here seemed to be acknowledging that this kind of work has a function but away from the serious business of doctoring.

Perhaps this suggests that in some situations, focusing on the importance of relationships is seen as undermining the status of the professional who applies data and experience to a series of variables and where being more human about this might somehow de-mystify the expert. People in this frame of mind may feel they have no stake in behaving differently. For systems to be much more focused on establishing effective relationships, this sort of culture needs to be addressed. Oeseburg and Abma conclude that:

*“expectations of patients and healthcare professionals are better met when care is redefined as mutual endeavour in which the caring abilities of healthcare professionals and the vulnerability of chronically ill patients are taken into account.”* (Oeseburg and Abma, 2006:349)

Patients being well-informed is also seen as one important driver for better relationships with clinicians. One suggestion made by Fischer Associates (2009) is for children to be taught in schools how to have an effective consultation with the doctor and to see this an important life skill. Maizes et al conclude that:

*“The truly competent physician is the one who sits down, senses the ‘mystery’ of another human being and offers with an open hand the simple gifts of personal interest and understanding. The relationship is the centrepiece of healing-oriented care.”* (Maizes et al, 2009:281)

The authors view this in some ways as the art of medicine.

## 9. Evidence from the psychological literature

In addition to the evidence from specific services, we also wanted to examine the role of relationships in achieving psychological wellbeing. Our thesis was that effective relationships can deliver psychological benefits both as part of, and in addition to, their role in achieving better service outcomes. We asked Dr Alex Linley, of the Centre for Applied Positive Psychology to review literature from the psychological field, and to draw on his existing knowledge of this area.

The specific literature review predominantly drew up articles focused on effective one-to-one relationships within the arena of commercial customer service and marketing. As such, their focus was largely on benefits to the organisation doing the marketing, rather than on psychological benefits for the individual receiving the service. Literature from positive psychology (recently reviewed extensively for the production of *Major Works on Happiness and Well-being*, edited by Felicia Huppert and Alex Linley) is focused almost exclusively on the psychological benefits (e.g., happiness) of interpersonal relationships, but these relationships are almost exclusively construed as romantic, friendship or family relationships – the outcomes of professional helping relationships are generally limited to the helping professions of therapists and located in the therapeutic context. (e.g., Horvath & Greenberg, 1989; Wampold, 2001)

However, in general terms, it is well-recognised and well-established that interpersonal relationships are one of the greatest sources of human happiness (Lyubomirsky et al, 2005; Myers, 1999), and there is a wealth of evidence supporting the fundamental role played by human relationships in well-being. It has been argued that this is because of our fundamental human need to belong (Baumeister & Leary, 1995), which has come about through our evolution in social contexts, leading to many of our most basic psychological processes being concerned with sociality, interaction, and ongoing relationships (Reis et al, 2000)

Relationships have been shown to be an important, if not the most important, determinant of our happiness and well-being. (Berscheid & Reis, 1998; Lyubomirsky et al, 2005), and in cross-cultural studies, social relationships have been found to be the only consistent predictor of subjective well-being in every country studied (Diener, 2001; cited in Reis & Gable, 2003), as well as being a core differentiator for those found to be the happiest of happy people. (Diener & Seligman, 2002) Indeed, this led one authority in the field to conclude that the association between

relationships and well-being is so compelling as to be a 'deep truth' (Myers, 1992:154), while other researchers have included positive relations with others as a core component of psychological well-being, rather than just as a cause of it. (Ryff, 1989) On this basis, key relationship variables such as the divorce rate, changing family constellations and work-group interactions have become core indicators used by economists, political scientists, and policy makers (Berscheid, 1999).

In terms of professional one-to-one helping relationships, as distinct from family, romantic, friendship or work relationships, there has been significant focus on the role of the relationship between psychotherapists and their clients (Horvath & Greenberg, 1989; Rogers, 1957; Wampold, 2001) and in psychotherapy research, the evidence for the role of the relationship is overwhelming. (see Bozarth & Motomasa, 2005) In a study of the treatment of depression, across all therapies, Krupnick et al (1996) found that the relationship contributed one-fifth of the outcome variance, a finding which is consistent across therapies (Lambert, 1992), and which is second only to the resources of the client themselves in predicting successful therapeutic outcome (Hubble & Miller, 2004; Wampold, 2001)

Perhaps the most famous statement of the core elements of psychotherapy are the necessary and sufficient conditions for therapeutic personality change described by Rogers (1957). Rogers argued that all psychotherapies are effective insofar as the necessary and sufficient conditions are present. The necessary and sufficient conditions were an integrative statement, not a description of client-centred psychotherapy per se, and as such, they may be considered to be relevant for effective helping relationships more broadly. (Rogers, 1959)

The six necessary and sufficient conditions as described by Rogers (1957:96) are:

1. Two persons are in psychological contact;
2. The first, whom we shall call the client, is in a state of incongruence, being vulnerable or anxious;
3. The second person, whom we shall call the therapist, is congruent or integrated in the relationship;
4. The therapist experiences unconditional positive regard for the client;
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client;
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

While the language used by Rogers is obviously oriented to a psychotherapeutic setting, the core conditions, which are considered to be conditions three, four and five, describe the practice of the professional (i.e., therapist or other helping professional), in that they endeavour to be congruent, empathic, and to experience unconditional positive regard for their client. In this way, Rogers seeks to describe the attitudinal qualities of the helping professional, which may in turn be more applicable across wider helping settings and relationships more broadly (Rogers, 1959).

There may be key differences in terms of what is needed in a psychotherapeutic context, and that which is required in the delivery of public services. For example, a key role of the advisor in employment services appears to be to offer some form of 'challenge' to their client. This of course, is not necessarily incompatible with 'unconditional positive regard.' The advisor may be able to display unconditional positive regard towards the client, and yet still challenge their behaviour. We discuss this below in the conclusions section.

From the perspective of self-determination theory, which posits the three fundamental human needs of autonomy, competence, and relationships (Ryan & Deci, 2000), it is argued that satisfaction of these three fundamental human needs in relationships will lead to a better quality of relationship. (La Guardia et al, 2000) Empirical investigation shows that this is indeed the case, such that relationships are rated as more effective and of a better quality, the greater the extent to which they support individuals to experience autonomy (feeling in control of their own direction), competence (feeling capable of meeting the challenges they face and achieving their goals), and relatedness (feeling a positive sense of connection with others). From this perspective, the necessary and sufficient conditions described by Rogers (1957) may be enabling features for the achievement of these three fundamental human needs.

## 10. Conclusions and further thoughts

### Conclusions

People using public services put great importance on the human relationship with the person providing the service.

The elements of what make for effective relationships are strikingly similar across all areas studied in this review. Where relationships are effective, evidence reveals that they contribute to achieving a range of valuable benefits: the failure to realise these benefits can be damaging.

There was a clear consensus in the literature about the types of working conditions and practices which were more conducive to building effective relationships.

We conclude that the literature shows that effective relationships are not just a 'nice to have' but increase the likelihood of achieving a positive outcome across all of the sectors examined in this review. Improving the effectiveness of relationships is therefore an important strategy for improving quality and performance.

### Further thoughts

In this section we discuss our initial responses to some key questions. These areas of work will be developed in the next stage of the project.

#### Where does Deep Value fit into theories of public service reform?

Public services are an area where there is no shortage of ideas for reform, but somewhat less evidence about what types of structure and management create services that are more effective at delivering their stated aims, and that respond to the needs of citizens. We believe that the evidence summarised here shows that effective relationships between those delivering and using public services can play a key role in delivering these aims, but these have not been a significant focus of attempts at reform.

We believe that the idea that the value from public services is produced in the interaction between the user and deliverer of a service is persuasive, and that it follows from this that ways of measuring the value produced from public services need to think widely about what type of outcomes are desired. This value should include social outcomes that go further than the initial purpose of the service itself – for example, interaction with employment services may not just help clients move into paid work, but to develop their confidence and ability to cope with set-backs.

The empirical evidence in this area is weak; claims that 'personalisation', or 'co-production', however understood can deliver more effective services



need to be tested further. However given the strong evidence we found for the importance of relationships, we believe that there are some dangers in reforms that break the personal link between front line staff and clients. This means that reforms which are based solely on the 'choice' of changing provider may not fit well with a focus on 'Deep Value'.

### Isn't this just an expensive luxury?

It is well known that public services are under pressure from severe spending cuts. Legal aid for social welfare issues may be entirely removed,<sup>6</sup> and while the Work Programme will devolve decisions on how to deliver employment services to private sector employment providers, the shift in payment towards job outcomes may put a strain on the amount they are prepared to invest in clients up front.<sup>7</sup> We know that investing in relationships requires advisors to have sufficient time to build trust with clients – time that may seem like an expensive luxury.

However, the evidence suggests that an effective relationship is not a 'nice to have' in the delivery of services, but an essential component of effectiveness, and of client satisfaction. Value for both the client and wider society is produced in the interaction between that individual and the public service professional. This needs to be the first focus of investment – not an afterthought. As resources become more constrained, getting delivery right becomes more, not less important.

Nor should relationships be seen as something that happen by chance – or as a side effect of public servants being 'nice' people. We know that there are clear behaviours and practices that promote effective relationships. While public servants need autonomy and flexibility to make this work, information about expectations and effective practices can help them to establish better relationships, leading to better outcomes.

### If this is common sense, why is it not common practice?

The statement that better relationships lead to better services may seem like a truism. We know that many public sector professionals do work hard to establish good relationships with clients, and see this as an intrinsic and satisfying part of their role. But effective relationships have received little attention in wider debates about public service reform, and we believe that current structures may frustrate the ability of front line workers to develop these relationships.

### What does this mean for the idea of people as consumers of public services?

Oeseburg and Abma (2009) argue that freedom of choice for patients is complicated because patients are not aware of the value of the relevance of different types of care 'products.' Featherstone and Storey (2010) also acknowledge that getting the right information is crucial if consumers are to



make good decisions. Oeseburg and Abma go on to argue to make a direct link with issues relating to relationships with patients by arguing that medical professionals often lack the communication skills to elicit patients' preferences and involve them in treatment decisions, citing a range of other studies that have also drawn this conclusion. They suggest that:

*“the image of the patient as consumer and healthcare professional as information provider is not a productive way to envision the relationship between healthcare professional and patient... An interpretive / deliberative model is more productive...especially in the care of people with a chronic illness.”* (Oeseburg and Abma, 2009:350)

They conclude that we need to find new words to describe the relationship that go beyond the economic policy discourse of consumers, products and transactions. This view is supported in one health study that concluded that care needs to incorporate three dimensions beyond that of the consumer:

*“a philosophy of the person; a view of well-being, not just illness; and a philosophy of care consistent with this.”* (Dahlberg et al, 2009:265)

### Public services and power

The process of accessing public services has to reflect on the question of power. This is relevant in a number of ways, from the role of a JobCentre worker to 'police' the system and introduce sanctions if someone is not following the rules, to the role of a doctor in weighing up what resources he or she is willing to allocate to a patient in terms of prescribing or referring on. There is clearly a tension between the role of the public servant as someone offering support and their role as someone policing or controlling access to resources.

Power can be exerted in indirect and direct ways through the interactions when services are being delivered, through the front-line worker dominating conversations, ignoring or blocking potential lines of discussion or using technical language that confuses or intimidates people.

These factors have to be acknowledged as having an impact on the potential to establish effective relationships and reaching a point where power is more effectively shared.

### Next steps for this work

This paper aimed to review the literature, and assess the evidence, rather than to provide a blueprint for the reform of public services. The next stage of the project will seek to go further, assessing how policy makers can use this evidence to design more effective services.

## 11. Bibliography

- ACEVO (2009) *Making it personal; a social market revolution - interim report of the commission on personalisation* ACEVO available at: <http://www.acevo.org.uk/Document.Doc?id=240>
- Akora, N.K., (2003) 'Interacting with cancer patients: the significance of physicians' communication behavior.' *Social Science and Medicine*. (57): 791-806.
- Aspden, J. (2008) Evaluation of the Solihull Pilot for the UKBA and the LSC.
- Bakker, D.A., Fitch, M.I., Gray, R. Reed, E., Bennett, J. (2001) 'Patient-health care provider communication during chemotherapy treatment: the perspectives of women with breast cancer.' *Patient Education and Counselling*. (43):61-71.
- Barnes, J., Ball, M., Meadows, P., Belsky J., and the FNP Implementation Research Team (2009) *Nurse Family Partnership Programme, Second Year Pilot Sites Implementation in England: The Infancy Period* DCSF Research Report No DCSF RR166.
- Barrett, B. Marchand, L., and Scheder, J. (2003) 'Themes of holism, empowerment, access, and legitimacy define complementary, alternative, and integrative medicine in relation to conventional biomedicine.' *Journal of Alternative Complementary Medicine*. (9): 937-947.
- Barry, C., Stevenson, F., Britten, N., Barber, N. and Bradley, C. (2001) 'Giving voice to the lifeworld. More humane, more effective medical care? A qualitative study of doctor-patient communication in general practice.' In *Social Science and Medicine*. (53): 487-505.
- Baumeister, R., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Bergin, C., and Bergin, D., (2009) 'Attachment in the classroom' *Educational Psychology Review* 21:141-170.
- Berscheid, E., & Reis, H. T. (1998). Attraction and close relationships. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed.) (Vol. 2): pp. 193-281). New York: McGraw-Hill.
- Berscheid, E. (1999). The greening of relationship science. *American Psychologist*, 54, 260-266.
- Bissell, P., May, C.R., Noyce, P.R. (2004) 'From Compliance to Concordance: Barriers to Accomplishing a Re-framed Model of Healthcare Interactions.' *Social Science and Medicine*. 58(4): 851-862.
- Boyle, D., and Harris, M., (2009) The challenge of co-production: how equal partnerships between professionals and public are crucial to improving public services New Economics Foundation, available at: [http://www.neweconomics.org/sites/neweconomics.org/files/The\\_Challenge\\_of\\_Co-production.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/The_Challenge_of_Co-production.pdf)
- Boyle, D., Coote, A., Sherwood, C. and Slay, J. (July 2010) *Right here, right now: taking co-production into the mainstream* New Economics Foundation, available at: [http://www.neweconomics.org/sites/neweconomics.org/files/Right\\_Here\\_Right\\_Now.pdf](http://www.neweconomics.org/sites/neweconomics.org/files/Right_Here_Right_Now.pdf)
- Bozarth, J. D., & Motomasa, N. (2005). Searching for the core: The interface of client -centered principles with other therapies. In S. Joseph & R. Worsley (Eds.), *Person-centred psychopathology: A positive psychology of mental health*. Ross-on-Wye: PCCS books.
- Brown. T. (2007) 'Coercion versus Choice: Citizen Evaluations of Public Service Quality across Methods of Consumption' *Public Administration Review* 2007-67-3.
- Cabinet Office – The Office of Public Service Reform (2004) *The Drivers of Satisfaction with public Services: Research Study Conducted for the Office of Public Services Reform* available at <http://www.cse.cabinetoffice.gov.uk/UserFiles/File/Key.pdf>
- Cabinet Office – The Prime Minister's Strategy Unit (2006) *The UK Government's Approach to Public Service Reform – A Discussion Paper* available at: [http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/sj\\_report.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/sj_report.pdf)

Cabinet Office – The Prime Minister’s Strategy Unit (2007) *Building on Progress: Public Services* available at [http://webarchive.nationalarchives.gov.uk/20070603164512/http://cabinetoffice.gov.uk/policy\\_review/documents/building\\_on\\_progress.pdf](http://webarchive.nationalarchives.gov.uk/20070603164512/http://cabinetoffice.gov.uk/policy_review/documents/building_on_progress.pdf)

Campbell-Hall, V., Coulter, A., Howat, N., and Joyce, L. (2010) *Development of a customer experience metric for contracted employment provision* DWP Research report 655 available at: <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep655.pdf>

Cassileth B.R., Zupkis, R.V., Sutton-Smith, K. March, V., (1980) ‘Information and Participation preferences amongst cancer patients. *Annals of Internal Medicine.* (92):832-6.

Cawley, M., Kostic, J., Cappello, C. (1990) ‘Informational and psychosocial needs of women choosing conservative surgery/primary radiation for early stage breast cancer.’ *Cancer Nursing.* (13):90-4.

Citizens Advice (2010) *Towards a business case for legal aid: Paper to the Legal Services Research Centre’s Eighth International Research Conference* Citizens Advice  
[http://www.citizensadvice.org.uk/index/campaigns/social\\_policy/consultation\\_responses/cr\\_legalaffairs/towards\\_a\\_business\\_case\\_for\\_legal\\_aid](http://www.citizensadvice.org.uk/index/campaigns/social_policy/consultation_responses/cr_legalaffairs/towards_a_business_case_for_legal_aid)

Cornelius-White, J. (2007) ‘Learner Centred Teacher Student Relationships are Effective: A Meta Analysis’ *Review of Educational Research* 2007 77:11

CoSA (2008) *Side by Side and Implications for Public Services* Community Links: London.

CoSA (2009a) *Time Well-Spent; The importance of the one-to-one relationship between advice workers and their clients.* Community Links: London.

CoSA (2009b) *People of Influence; A progress report on the Council on Social Action’s work on one-to-one.* Community Links: London.

Coulter, A., (2005) ‘What do patients and the public want from primary care?’ *British Medical Journal*, Vol. 331:1199.

Dahlberg, K., Todres, L., Galvin, K. (2009) ‘Lifeworld-led healthcare is more than patient-led care: an existential view of well-being.’ *Medicine, Health Care and Philosophy.* (12):265-271.

Davies, R. (2009) *Value in public services* Policy Exchange, available at: [http://www.policyexchange.org.uk/images/publications/pdfs/Value\\_in\\_Public\\_Services.pdf](http://www.policyexchange.org.uk/images/publications/pdfs/Value_in_Public_Services.pdf)

Dayson, C. (2010) *Understanding personalisation: implications for third sector infrastructure and their work with organisations on the frontline* Doncaster CVS available at [http://www.doncastercvs.org.uk/UserFiles/File/health/UnderstandingPersonalisation\\_SummaryReport.pdf](http://www.doncastercvs.org.uk/UserFiles/File/health/UnderstandingPersonalisation_SummaryReport.pdf) Chris Dayson 2010

Department of Health (2001) *The Expert Patient: A New Approach to Chronic Disease Management in the 21<sup>st</sup> Century.* London: Stationery Office.

Derdiarian, A. (1986) ‘Informational needs of recently diagnosed cancer patients: A theoretical framework. Part I.’ *Nursing Research.* (35):832-6.

Dewson, S., Casebourne, J., Darlow, A., Bickerstaffe, T., Fletcher, D., Gore, T. and Krishnan, S. (2007) *Evaluation of the Working Neighbourhoods Pilot: Final report* DWP Research Report No 411 available at: <http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep411.pdf>

Dickinson, H. and Glasby, J. (2010) *The personalisation agenda; implications for the third sector* Third Sector Research Centre available at: [http://www.navo.org.uk/downloads/documents/Personalisation\\_Agenda\\_Implications\\_for\\_third\\_sectorLinkClick.pdf](http://www.navo.org.uk/downloads/documents/Personalisation_Agenda_Implications_for_third_sectorLinkClick.pdf)

Diener, E. (2001, Feb.). *Subjective well-being.* Address presented at the annual meeting of the Society for Personality and Social Psychology, San Antonio, TX.

Diener, E., and Seligman, M. E. P. (2002) ‘. Very happy people.’ *Psychological Science,* 13, 80-83.

- Drew, P., Toerien, M., Irvine, A. and Sainsbury, R. (2010) *A study of language and communication between advisors and claimants in Work Focused Interviews* DWP Research Report No. 633, available at: <http://campaigns.dwp.gov.uk/asd/asd5/rports2009-2010/rrep633.pdf>
- DWP (2010) *The work programme prospectus November 2010* available at: <http://www.dwp.gov.uk/docs/work-prog-prospectus-v2.pdf>
- Featherstone, H., Storey, C. (2009) *Which Doctor? Putting patients in control of primary care*. London: Policy Exchange.
- Fischer Associates (2009) *The Clinician-Patient Dynamic and its Implications for Healthcare Quality. A Report for the Health Foundation*. London: The Health Foundation
- Freeman, G.K., Horder, J.P., Howie, J.G.R., Pali Hungin, A., Hill, A.P., Shah, N.C., Wilson, A., (2002) 'Evolving general practice consultation in Britain: issues of length and context.' *British Medical Journal*. (324): 880-882.
- Gray, R.E, Fitch, M., Greenberg, M., Hampson A., Doherty, M. Labrecque, M. (1998) 'The information needs of well, longer-term survivors of breast cancer.' *Patient Education and Counseling*. (33,3):245-255.
- Greenfield, S., Kaplan, S., Ware, J.E. (1985) 'Expanding patient involvement in care: effects on patient outcomes.' *Annals of Internal Medicine*. (102):520-528.
- Griffiths, R. and Durkin, S. (2007) *Synthesising the evidence on Employment Zones* DWP Research Report no 449, available at: <http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep449.pdf>
- Griffiths, S., Foley, B. and Prendergast, J. (2009) *Assertive citizens: new relationships in the public services* Social Market Foundation supported by Price Waterhouse Coopers available at: [http://psrc.pwc.com/pdf/assertive\\_citizens.pdf](http://psrc.pwc.com/pdf/assertive_citizens.pdf)
- Grol, R. (2001) 'Improving the quality of medical care: building bridges among professional pride, payer profit, and patient satisfaction.' *Journal of the American Medical Association*. (286):2578-2585.
- Hall, J.A., Roter, D.L., Katz, N.R. (1988) 'Meta analysis of correlates of provider behaviour in medical encounters' in *Medical Care*. (26):657-675.
- Hartzband, P. and Groopman, J. (2009) 'Keeping the Patient in the Equation – Humanism and Health Care Reform.' *Journal of New England Medicine*. (361):554 – 555.
- Hasluck, C. and Green, A.E., (2007) *What works for whom? A review of evidence and meta-analysis for the Department for Work and Pensions* DWP Research Report No 407 available at: <http://campaigns.dwp.gov.uk/asd/asd5/rports2007-2008/rrep407.pdf>
- Hirschmann, A.O. 'Exit, Voice and Loyalty: Responses to Decline in Firms, Organisations and States' Harvard University Press.
- HM Treasury (2003) *Green Book* available at [www.hm-treasury.gov.uk/economic\\_data\\_and\\_tools/greenbook/data\\_greenbook\\_index.cfm](http://www.hm-treasury.gov.uk/economic_data_and_tools/greenbook/data_greenbook_index.cfm)
- Holt-Lunstad, J., Smith, T.B. and Bradley Layton, J (2010) *Social Relationships and Mortality Risk: A Meta-Analytic Review* PLoS Med 7(7).
- Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, 36, 223-233.
- Hubble, M. A., & Miller, S. D. (2004). The client: Psychotherapy's missing link for promoting a positive psychology. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 335-353). Hoboken, NJ: Wiley.
- Hughes, C.M. (2008) 'Compliance with medication in nursing homes for older people: resident enforcement or resident empowerment?' *Drugs Aging*. (24): 445-454.

- IPSOS MORI (2007) *Public Services Policy Review: The Public View* Cabinet Office, available at: [http://webarchive.nationalarchives.gov.uk/20070402090534/http://cabinetoffice.gov.uk/policy\\_review/documents/mori\\_summit\\_final.pdf](http://webarchive.nationalarchives.gov.uk/20070402090534/http://cabinetoffice.gov.uk/policy_review/documents/mori_summit_final.pdf)
- IPSOS MORI (2010) *What do people want, need and expect from public services?* 2020 Public Services Trust at the RSA, available at: <http://clients.squareeye.com/uploads/2020/documents/Report110310%20.pdf>
- James, D. (2010) At the legal interface: case workers and immigration/asylum clients in London Law and Social Inquiry, forthcoming.
- Jordan, B. (2006) 'Public Services and the Service Economy: Individualism and the Choice Agenda' *Journal of Social Policy*, 35: 143-162 Cambridge University.
- La Guardia, J.G., Ryan, R.M., Couchman, C.E., & Deci, E.L. (2000). Within-person variation in security of attachment: A self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of Personality and Social Psychology*, 79, 367-384.
- Lambert, M. J. (1992) 'Implications of outcome research for psychotherapy integration.' In Norcross J.C. and Goldfried, M.R., (Eds.), *Handbook of psychotherapy integration*. New York: Basic Books.
- Leadbeater, C., (2004) *Personalisation through participation: a new script for public services*. London: Demos.
- Le Grand, J., (2006) *The Blair Legacy? Choice and Competition in Public Services* Public lecture at the London School of Economics, 21<sup>st</sup> February 2006. Available at: <http://www2.lse.ac.uk/PublicEvents/pdf/20060221-LeGrand.pdf>
- Lyubomirsky, S., King, L., & Diener, E. (2005)). 'The benefits of frequent positive affect: Does happiness lead to success?' *Psychological Bulletin*, 131: 803-855.
- Kaptchuk, T.J., Kelley, J.M., Conboy, L.A. (2008) 'Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome'. *British Medical Journal*. 336: 999-1003.
- Krupnick, L. J., Sotsky, S. M., Simmens, S., Moyer, J., Elkin, I., Watkins, J., & Pilkonis, P. A. (1996). The role of the therapeutic alliance in psychotherapy and pharmacotherapy outcome: findings in the National Institute of Mental Health Treatment of Depression Collaborative Research Programme. *Journal of Consulting and Clinical Psychology*, 64, 532-539.
- Lind-Albrecht, G., (2006) 'Patient education in rheumatology: a way to better disease management using patients' empowerment.' *Wien Med Wochenschr*. 156: 583-586.
- Lipsky, M. (1980) *Street level bureaucracy: dilemmas of the individual in public services*. Russell Sage Foundation.
- Little P., Everitt, H., Williamson, I., Warner, G., Moore, M., Gould, C., Ferrier, K., Payne, S., (2001) 'Preferences of patients for patient centred approach to consultation in primary care: observational study. *British Medical Journal*, 322.
- Lussier, M.T. and Richard, C., (2007) 'The motivational interview: in practice. *Canadian Family Physician*. (53): 2117-2118.
- Maslach, C. and Jackson S.E. (1981) 'The measurement of experienced burnout.' In *Journal of Occupational Behaviour*. (2): 99-113.
- McKay, K.M., Imel, Z.E., Wampold, B.E. (2006) 'Psychiatrist effects in the psychopharmacological treatment of depression.' *Journal of Affective Disorders*. (92): 287-290.
- McNeil, C. (2010) *Now its personal: the new landscape of welfare to work* IPPR, available at: <http://www.ippr.org.uk/publicationsandreports/publication.asp?id=775>
- Ministry of Justice (2010) *Proposals for the reform of Legal Aid in England and Wales* The Stationary Office cm 7967.



Moorhead, R. and Robinson, M. (2006) *A trouble shared – legal problems clusters in solicitors and advice agencies* Department for Constitutional Affairs.

[http://orca.cf.ac.uk/5184/1/Moorhead\\_et\\_al\\_2006\\_A\\_Trouble\\_Shared.pdf](http://orca.cf.ac.uk/5184/1/Moorhead_et_al_2006_A_Trouble_Shared.pdf)

MORI (2004) *The Drivers of Satisfaction with Public Service Reform* Cabinet Office – The Office of Public Services Reform, available at <http://www.cse.cabinetoffice.gov.uk/UserFiles/File/Key.pdf>

Mulgan, G. (2009) The birth of the relational state available at

[http://www.youngfoundation.org/files/images/the\\_relational\\_state\\_3\\_0.pdf](http://www.youngfoundation.org/files/images/the_relational_state_3_0.pdf)

Myers, D. G. (1992). *The pursuit of happiness: Who is happy – and why*. New York: William Morrow.

Myers, D. G. (1999). Close relationships and quality of life, in D. Kahneman, E. Diener and N. Schwarz (Eds.), *Well-being: The Foundations of Hedonic Psychology* (pp. 374–391). New York: Russell Sage Foundation.

National Child Welfare Resource Center for Organisational Improvement, and National Resource Center for Family Centered Practice and Permanency planning (2008) *An Introduction to the Practice Model Framework: A Working Document Series* National Child Welfare Resource Center for Organisational Improvement, available at: <http://muskie.usm.maine.edu/helpkids/practicemodel/PracticeModelWorkingPaperIntro.pdf>

Nurse Family Partnership National Office (undated) Nurse Family Partnership; Costs and Benefits, The economic return on investment available at <http://nncp.us/programs/NFPCostBenefitOverview.pdf> accessed 11th November 2010.

Riccuci, N.M. (2005) How management matters: street level bureaucrats and welfare reform Washington.

Open University (undated) *Creating citizen consumers: changing relationships and identifications – Main findings* at <http://www.open.ac.uk/socialsciences/creating-citizen-consumers/main-findings.php> accessed 01.12.10

Oeseburg, B. and Abma, T.A. (2006) 'Care as a mutual endeavour: Experiences of a multiple sclerosis patients and her healthcare professionals.' *Medicine, Health Care and Philosophy*. 9:349-357.

Orton, M., (2010) The Long-term Impact of Debt Advice on Low Income Households: Year 3 Report. Warwick: University of Warwick

Parker, S. and Heapy, J. (2006) *Journey to the Interface* Demos, available at:

<http://www.demos.co.uk/files/journeytotheinterface.pdf?1240939425>

Power, T.L. and Bendall, D. (2003) 'Improving health outcomes through patient empowerment.' *Journal of Hospital Marketing and Public Relations*. (15):45-59.

Public Administration Select Committee (2005) *Choice, voice and public services* HC 49-1 The Stationary Office, available at <http://www.publications.parliament.uk/pa/cm200405/cmselect/cmpublicadm/49/49i.pdf>

Public Administration Select Committee (2008) *User involvement in public services* HC410 The Stationary Office, available at <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmpublicadm/410/410.pdf>

Reis, H. T., Collins, W. A., & Berscheid, E. (2000). The relationship context of human behaviour and development. *Psychological Bulletin*, 126:844-872.

Reis, H. T., & Gable, S. L. (2003). Toward a positive psychology of relationships. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived* (129-159). Washington, DC: American Psychological Association.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21:95-103.

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science, vol. 3: Formulations of the person and the social context* (184-256). New York: McGraw Hill.

Rollnick, S., Heather, N., Bell, A. (1992) 'Negotiating behaviour change in medical settings: the development of brief motivational interviewing.' *Journal of Mental Health*. (1):25-37.

Royal College of General Practitioners (2010) *RCGP Competence Framework*. Shared by Dr. A. Rughani, Clinical Assessment Lead, Royal College of General Practitioners, personal communication, 13<sup>th</sup> August 2010.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55:68-78.

Ryecroft-Malone, J., Latter, S., Yerrell, Y., Shaw, D. (2001) 'Consumerism in Healthcare: The Case of Medication Education.' *Nursing Management*. 9(4):221-230.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57:1069-1081.

Segal, L. (1998) 'The importance of patient empowerment in health system reform.' *Health Policy*. (44):31-33.

Scottish Consortium for Learning Disability (2010) *Values into practice: a framework for Local Area Co-ordination in Scotland* Scottish Consortium for Learning Disability available at: <http://www.sclcd.org.uk/sites/default/files/SCLCD%20LAC%20Framework.pdf>

Stafford, B. and Kellard, K. (2007) *Reforming the public sector: personalised activation services in the UK*. In: Making it Personal: Individualising activation services in the EU. Policy Press, Bristol,

Thomas, A., Coleman, N., Turtle, J., Bone, S., Bassett, C. and Mason, J. (2010) 2009 *Jobcentre Plus Customer Satisfaction Research Findings from quantitative and qualitative research* DWP Research Report 657 available at: <http://campaigns.dwp.gov.uk/asd/asd5/rports2009-2010/rrep657.pdf>

Waddell, G., and Burton, A.K., (2006), *Is work good for your health?* TSO, Norwich.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum.

Wensing, M., Jung, H.P., Mainz, J., Olesen, F., Grol, R., (1998) 'A systematic review of the literature on patient priorities for general practice care.' *Social Science and Medicine*, Vol. 47.

Winkworth, Gail and McArthur, Morag (2009) 'A practice framework to guide screening and assessment in the Australian Family Relationship Centres and Advice Line' *Child and Family Social Work*, 14(4), November 2009: 410-419.

World Health Organisation (2008) *The World Health Report 2008 - primary Health Care (Now More Than Ever)*. Geneva: World Health Organisation.

Wubbels, T. and Brekelman, M. (2005) 'Two decades of research on teacher student relationships in class' *International Journal of Educational Research* 43(2005):6-24

2020 Public Services Trust at the RSA (2010) *From social security to social productivity: a vision for 2020 public services – The Final Report of the Commission on 2020 Public Services* RSA available at [http://clients.squareeye.com/uploads/2020/documents/PST\\_final\\_rep.pdf](http://clients.squareeye.com/uploads/2020/documents/PST_final_rep.pdf)





## 12. Notes

---

**1** The Council on Social Action (CoSA) was an initiative chaired by Prime Minister Gordon Brown between 2007 and 2009. It brought together innovators from every sector to generate ideas and initiatives through which government and other key stakeholders could catalyse, develop and celebrate social action. CoSA carried out a range of practical and policy development work as well as produced a number of reports. Community Links provided the Secretariat for CoSA and David Robinson, Senior Advisor at Community Links, led the Council's work. For more information see <http://www.community-links.org/our-national-work/council-on-social-action/>

**2** See, for example 'A future fair for all' The Labour Party Manifesto (2010:3): "...to deliver a future fair for all we need to rebuild our economy, protect and reform our public services as we strengthen society and renew our politics."

**3** 'A future fair for all' The Labour Party Manifesto (2010): "Above all, the interests of the patient will come first. No longer passive recipients of care, patients will be active partners with enforceable guarantees, real choice, and direct control over services."

**4** See, for example, DfES (2006) '20:20 vision: Report of the teaching and learning in 2020 review group: "a clear vision of what personalised teaching and learning might look like in our schools in 2020."

**5** Paul Gregg (2008) Realising potential: a vision for personalised conditionality and support DWP.

**6** The Government is currently consulting on proposals for reform of legal aid in England and Wales which propose removing legal aid entirely from the area of social welfare law which we considered in the literature review. See Ministry of Justice (2010).

**7** Under the Coalition Government's plans, employment services for clients who have been out of paid work for 12 months and over, will have employment support delivered via 'the work programme'. Payments to providers delivering the work programme will be tilted more towards job outcomes, although there will be a percentage of the payment accessed when a client initially engages. The exact percentages of payments for engagement and job outcomes have not yet been determined. See DWP (2010).



## Deep Value

A literature review of the role of effective relationships in public services.

Deep Value is a term that captures the value created when relationships in public services are effective.

In these relationships, it is the practical transfer of knowledge that creates the conditions for progress, but it is the deeper qualities of the human bond that nourish confidence, inspire self esteem, unlock potential, erode inequality and so have the power to transform. These relationships are particularly important in public services.

This research project seeks to develop that better understanding in order to explore how this approach might be helped to become more effective and more widely adopted.

© 2011 ISBN 978-0-9567126-2-2

Community Links  
105 Barking Road  
Canning Town  
London E16 4HQ

[www.community-links.org](http://www.community-links.org)

