Progress and problems in developing outcomes-focused social care services for older people in England

Caroline Glendinning, Sue Clarke, Philippa Hare, Jane Maddison, Liz Newbronner

Progress and problems in developing outcomes-focused social care services for older people in England

Abstract

Social care services for adults are increasingly required to focus on achieving the outcomes that users aspire to, rather than on service inputs or provider concerns. This paper reports a study aimed at assessing progress in developing outcomes-focused services for older people and the factors that help and hinder this. It describes the current policy context and discusses the social care service outcomes desired by older people. It then reports on a postal survey covering England and Wales and case studies of progress in developing outcomes-focused social care services in six localities. The study found progress in developing outcomes-focused services was relatively recent and somewhat fragmented. Developments in intermediate care and reablement services, focusing on change outcomes, were marked; however there appeared to be a disjunction between these and the capacity of home care services to address desired maintenance outcomes. Process outcomes were addressed across a range of reablement, day care and residential services. The paper concludes by discussing some of the challenges in developing outcomes-focused social care services.

169 words

Progress and problems in developing outcomes-focused social care services for older people in England

Introduction: outcomes and adult social care

Ensuring that services achieve the outcomes desired by their users is currently central to the British government's ambitions of 'modernising' public sector services.   This objective is particularly marked in relation to adult social care services in England. The 2005 Green Paper *Independence, Well-being and Choice* proposed that, in order to 'turn the vision for social care into a reality', 'clear outcomes for social care' were needed, 'against which the experience of individuals can be measured and tested' (Department of Health, 2005: 25-26). The outcomes proposed in the Green Paper comprised: improved health; improved quality of life; making a positive contribution; exercising choice and control; freedom from discrimination or harassment; economic well-being; and personal dignity. A similar approach was taken in the UK Strategy for an ageing population (HMG, 2005). Here service outcomes were linked to broad quality of life domains, including independence, active healthy living, material well-being, and support that enables older people to maintain their quality of life (HMG, 2005; Annex 1).   Outcomes were also central to the Wanless (2006) review of the funding of adult social care services, which based estimates of future costs on the resources required to achieve a range of given social care service outcomes.

Older people needing social care support can achieve desired outcomes in ways that are compatible with individual priorities and lifestyles by having greater choice and control over their support arrangements. Both the Adult Social Care Green Paper (Department of Health, 2005) and the Strategy for an ageing population (HMG, 2005) proposed the extension of direct payments and the introduction of individual budgets, commitments that were further endorsed in the 2006 White Paper *Our Health Our Care Our Say* (Department of Health 2006a). While take-up of direct payments is slowing increasing, it remains low among older people (Clark, 2006). Meanwhile individual budgets are being piloted in 13 local authorities in England, of which around half are offering individual budgets to older people.

Perhaps the most significant policy development in moving social care services towards a focus on outcomes arises with the proposal, published for consultation in autumn 2006, to base performance assessment of adult social care services on the seven outcomes that were set out in the Adult Social Care Green Paper and endorsed in the subsequent White Paper (Commission for Social Care Inspection, 2006). In future, relevant performance data will be mapped onto these outcomes (plus two additional outcomes on leadership and use of resources) and local authorities' performance will be assessed as 'excellent', 'good', 'adequate' or 'poor' on each outcome.

Focusing adult social care services on outcomes raises both practical and conceptual challenges. Conceptual issues are discussed in the next section of this paper. On a practical level, particularly since 1993, local authorities have commissioned an increasing volume of day, domiciliary and residential services from independent and voluntary organisations. At an individual level, care managers conduct individual assessments of older people and procure the services they require from those available through the local authority's contracts with its providers (Challis 2004). Outcomes-focused services can only be delivered if these contracts cover an appropriate range of services and their delivery in ways that are consistent with an individual older person's aspirations.

Overall, for individual older people to receive services that deliver desired outcomes requires multiple, but nevertheless highly effective, channels of communication between users, service commissioners, contracts managers, care managers and both managers and front-line staff in provider services.   The identification, measurement and auditing of outcomes is also challenging, especially if outcomes are personalised to reflect individual priorities, aspirations and desires. New information systems to record desired outcomes and progress towards their achievement are also likely to be required.

In short, focusing adult social care services on delivering the outcomes desired by their users raises major practical challenges in the planning, commissioning, and delivery of services and changes in the activities of

managers and practitioners. This paper examines some of these challenges and the ways in which they can be addressed by drawing on a recent study into the progress of social services departments in England and Wales in delivering outcomes-focused services for older people (Glendinning *et al.*, 2006). The study included a review of recent research; a postal survey; and case studies of selected services in six localities.

The next section of this paper addresses some of the conceptual challenges by defining 'outcomes' and presenting recent UK research evidence on the outcomes of social care services desired by older people. Subsequent sections summarise evidence from empirical elements of the study. The final section of the paper draws conclusions from this evidence and discusses two issues raised by the research: the application of the concept of 'outcomes' in practice; and the implications of outcomes-focused services for the boundaries of adult 'social' care service responsibilities.

Definitions – what are outcomes and what outcomes do older people value?

In this paper, outcomes are defined as the impact, effect or consequence of a service or policy. Outcomes-focused services are therefore those that meet the goals, aspirations or priorities of individual service users. They can be contrasted with services whose goals, content or mode of delivery are standardised, regardless of the circumstances of those who use them;

or are determined primarily by commissioners or providers rather than users. Outcomes-focused services are therefore by implication also personalised (Leadbeater, 2004).

Based on extensive research with older people, Qureshi *et al. (*1998) identified three clusters of desired outcomes. *Change outcomes* relate to improvements in physical, mental or emotional functioning. They can include improvements in symptoms such as depression or anxiety that impair relationships and impede social participation; in physical functioning; and in confidence and morale (Qureshi *et al.*, 1998).

Maintenance outcomes are those that prevent or delay deterioration in health, wellbeing or quality of life. These may include meeting basic physical needs; ensuring personal safety and security; living in a clean and tidy environment; keeping alert and active; having access to social contact and company; and having control over everyday life. There is a very considerable body of research that endorses the importance of these maintenance outcomes for older people (see for example Bamford and Bruce, 2000; Beaumont and Kenealy, 2004; Clarke *et al.*, 1998; Coleman *et al.*, 1998; Gabriel and Bowling, 2004; Godfrey and Callaghan, 2000; Gwyther, 1997; Henwood *et al.*, 1998; Joseph Rowntree Foundation, 2003; Parry *et al.*, 2004; Qureshi and Henwood, 2000; Raynes, 1998; Tester *et al.*, 2003). There is also a high degree of consistency between these maintenance outcomes and older people's definitions of two closely

related concepts – quality of life and independence (Walker and Hennessy, 2004; Parry *et al.*, 2004; Audit Commission, 2004).

Third, *process* outcomes refer to the experience of seeking, obtaining and using services. Process outcomes are important to the extent that they can enhance or undermine the impact of services that might otherwise appropriately address change and/or maintenance outcomes. Process outcomes include feeling valued and respected; being treated as an individual; having a say and control over how and when services are provided; perceived value for money; and compatibility with cultural preferences and informal sources of support. Again, a large body of research confirms the importance of process outcomes (Baldock and Hadlow, 2001; Clarke *et al.*, 1998; Francis and Netten, 2002, 2004; Henwood *et al.*, 1998; Godfrey and Callaghan, 2000; Gwyther, 1997; Patmore, 2003; Qureshi *et al.*, 1998; Qureshi and Henwood, 2000).

While most older people are likely to value all three clusters of social care outcomes, the emphasis and importance attached to each may vary according to individual circumstances. For example, older people with recent sight loss (Willis *et al.*, 2005), Black and Ethnic Minority older people (Mold, 2005; Butt and Mirza, 1996), and older people with dementia (Allan, 2001; Patel *et al.*, 1998) may give more priority to some outcome domains than others.

The next section of the paper describes the methods used in a recent study to investigate the development of outcomes-focused services for older people in England and Wales

Methods

Empirical research examined the development of outcomes-focused adult social care services in England and Wales, the barriers experienced and how these could be overcome. The research, a postal survey and case studies in six localities, was conducted between June and December 2005.

The postal survey was targeted at adult social care managers and practitioners in England and Wales known to be interested in developing outcomes-focused services. An earlier research and development programme (Qureshi *et al.*, 1998; Nicholas *et al.*, 2003) had established a network of practitioners and managers interested in developing outcomes-focused services. However, many contacts were out of date and some worked with other user groups. An updating and screening procedure was therefore conducted to identify the target sample - 222 in all across England and Wales, thought to be involved in developing outcomes-focused social care services for older people.

The postal questionnaire was informed by an understanding of the range of organisational and individual-level activities involved in procuring and

delivering adult social care services and aimed to identify the prevalence,

range and nature of these activities. It contained closed and open-ended

questions on progress in developing outcomes-focused services; any

partner organisations involved; the types of activities, services and older

people covered; achievements to date; and factors helping and hindering

progress. Despite reminders, only 54 valid responses were returned,

covering at least 70 outcomes-focused initiatives (some respondents

described an unspecified number of activities). Quantitative and

qualitative data were entered onto an Access database and quantitative

data transferred to SPSS for analysis; qualitative data was analysed

thematically.

Six case study sites were selected from responses to the postal survey.

Selection criteria required that outcomes-focused services for older people

were firmly established (as distinct from being planned or piloted). Again

reflecting the processes involved in procuring and delivering adult social

care services, selected sites also included examples of outcomes-focused

assessment practice, care planning and review; service planning,

development and commissioning; a range of community-based and

residential social care services; and a geographical spread.

Initial discussions with senior managers in the selected sites led to some

changes in the range of services included in the case studies. In

particular, some managers were keen for intermediate care and

rehabilitation services (either provided by social services alone or jointly

with local NHS partners) to be included, as they thought most progress had been made here in developing outcomes-focused services.

Each case study site was visited by two researchers. Interviews were conducted with managers and front-line practitioners; interviews and focus group discussions were also held with service users. Interviewees were initially identified by senior managers; front-line staff contacted service users and obtained consent for their details to be passed to the research team. A semi-structured topic guide was developed for service users that asked about the outcomes that were important to them; their experiences of service use, as appropriate; and the extent to which services helped them achieve desired outcomes. Two semi-structured topic guides were developed for managers, one covering individual–level assessment, care planning, care management and review, the other covering broader service planning, commissioning and development activities. Both topic guides asked about specific outcomes-focused changes; factors that had helped and hindered progress; changes in culture and practice on the part of front-line staff; the extent to which specific changes had been taken forward into other areas of local social care practice; training and monitoring activities; and the involvement of older people and carers in developing outcomes-focused approaches. Across the six sites, 82 staff and 71 service users took part in interviews or discussions; these were recorded by taping or notes. Following fieldwork, the two researchers compared fieldnotes and compiled site-by-site accounts, using a common template.

Ethical approval for the study was obtained from the Research Committee of the Association of Directors of Social Services and, where necessary, local research governance approval was also obtained. The study was guided by an advisory group of older service users and carers that met three times during the study.

Results of the postal survey

Despite the prior screening and targeting of the postal survey, the response rate (24 per cent) was disappointing. One possible reason is that outcomes-focused initiatives are in fact relatively recent; only ten per cent of the reported developments had been established for at least three years and another 13 per cent for up to three years. Three-quarters of the reported initiatives were therefore being 'rolled out', 'piloted' or 'planned'. Another explanation is the possible lack of clarity about the term 'outcome' – this issue is discussed in the concluding section of this paper.

At least 70 initiatives were reported (see Table 1). Most common were those that aimed to identify the outcomes desired by individual older people through assessment, care planning and review processes (although some respondents reported that these initiatives covered only some, rather than all, older people). A second cluster of initiatives focused on service-level planning and commissioning activities, including changes in existing social care services, commissioning new services or improving monitoring to ensure that services meet the outcomes desired by older people. Around 90 per cent of reported initiatives focused on older people living at home or immediately following hospital discharge; over three quarters included older people with dementia, from Black and Ethnic

Minority communities or using day care services. However only half included older people in residential care.

[Insert Table 1 here]

Two-thirds of initiatives involved partnerships with primary care trusts, NHS trusts or independent providers, with lead responsibilities split evenly between local authority and NHS partners.

Respondents were asked about the main achievements of their outcomes-focused work to date. A fifth did not complete this question, some commenting that it was 'too early to say'. Significantly, perceived achievements were as likely to relate to services as to the impact on users (Table 2)

[Insert Table 2]

Findings from the case study sites

Developing and delivering adult social care services involves planning, commissioning and contracting at population levels, and assessment, co-ordination and micro-purchasing at the individual level. The case studies included examples of all these activities from service planning, commissioning and contracting with providers, through to individual assessment, care planning, care management and review. The case studies also covered the full range of adult social care services, including day care, home care, reablement and rehabilitation services, residential

care and low level preventive services (see Table 3). All these activities and services were identified by managers as having been developing an outcomes focus for at least three years.

[Insert Table 3]

These examples do not represent the full range of developments in the six sites. Rather, they reflect the areas of activity that managers in the sites considered their most significant or successful examples of outcomes-focused services. They are described below in order to illustrate the multiple dimensions of service planning and delivery that to be addressed if older people are to receive outcomes-focused social care services.

Assessment and care planning

Rather than focusing on deficits or eligibility for specific services, outcomes-focused assessments can help individual older people identify the outcomes they want to achieve from social care services. Some sites had used outcomes-focused assessment and care planning documentation (Nicholas *et al.*, 2003). However, this approach was not easily compatible with the multidisciplinary Single Assessment Process (SAP) (Department of Health, 2001), which interviewees described as focusing on needs and problems rather than outcomes. Nevertheless different solutions had been found, such as incorporating an outcomes focus into the care planning process instead. Thus one site had drawn a clear distinction between assessment – focused on understanding

difficulties and needs; and care planning – focusing on the outcomes the older person wanted to achieve (with service support). In this site, care planning documents listed four 'change' outcome domains and ten 'maintenance' outcome domains; these formed a checklist for social workers to use in identifying desired outcomes when planning care. Another site had introduced a Summary of Assessed Need into its assessment documentation that included desired outcomes that had been discussed with users and were recorded using their words. Care planning documentation specifying desired outcomes could also form the starting point for subsequent reviews to establish whether outcomes were being achieved.

Care managers emphasised the importance of appropriate care planning and review documentation in maintaining an outcomes focus:

The paperwork keeps you in the right direction, – it's prompting you all the way through…. Of all the paperwork, the review form is the best because you can look at what you've achieved.

Service commissioning - change outcomes

All the case study sites had recently established intermediate care and reablement services, including residential units funded and operated jointly with NHS partners; extra-care housing with a rehabilitation focus; and home-based reablement services. In one site this involved appointing occupational therapists to work with a restructured in-house home help

service that provided short-term interventions, free of charge, focused on change outcomes. All newly assessed older people received intensive support from this team for up to six weeks. Following referral, assessments identified desired outcomes and progress against these was reviewed at weekly meetings. Front line staff were encouraged to provide feedback on the appropriateness of the care plan and had considerable autonomy over their work with individual older people in order to achieve their desired outcomes. In another site, outcomes-based service specifications had been developed to underpin contracts for assessment and rehabilitation services in residential homes and extra-care housing. In a third site, a multi-disciplinary community reablement team had been commissioned to provide home-based support, free of charge, for up to eight weeks in an older person's own home. Visits were arranged to fit in with daily routines and users encouraged to identify outcomes extending beyond simple self-care include shopping and social activities. Users were encouraged to assess their own progress, contributing to improvements in confidence: *'It's lovely to be able to show them that on a piece of paper'.*

Users of these services reported marked improvements in both their confidence and physical functioning following illness or accidents. They reported how they had been encouraged to identify desired goals and then helped to achieve these outcomes:

One of my aims was to walk the dog, so they allowed him to come and see me – it was very helpful … it made all the difference in the world… I have a good quality of life and I know I can get better still.

Staff working in these services pointed out that as confidence, mobility and self-care skills start to improve, so desired outcomes can change rapidly – goals that originally seemed unattainable soon become realistic – requiring the regular reassessment of outcomes. However, staff working in reablement and rehabilitation services expressed concerns that, where significant change outcomes had been achieved, these were not always maintained in the provision of longer-term support:

It gets so far, then it's out of our hands and we can't follow it through. The end result, we don't know …

Service commissioning - maintenance outcomes
Maintenance outcomes are particularly important in relation to older people who need longer-term social care support. However, there is considerable evidence of inflexibilities in the commissioning and delivery of home care services; consequently such services are frequently argued to be unable to deliver a full range of desired maintenance outcomes (Knapp *et al.*, 2001; Francis and Netten, 2002, 2004; Ware *et al.*, 2003). For example, managers in some sites acknowledged that the home care services they commissioned were aimed primarily at physical maintenance rather than wider social or quality of life maintenance outcomes. This was

confirmed by some of their service users, who said they would like to get out more but had no one to take them – this was not part of their home care service.

Three case study sites were trying to tackle these problems by changing their contracts with independent home care agencies so the latter could respond more flexibly to users' preferences and address desired outcomes. All were trying to move away from contract arrangements in which care managers purchased a specified period of time and/or range of tasks for individual older service users. Broadly, all three initiatives involved agreeing with each provider organisation in advance an estimated or core total volume of services to be provided; and with providers billing social services purchasers retrospectively for the services actually delivered.   Care plans drawn up by care managers would specify users' desired outcomes and the probable number of hours' care required to achieve these; and providers negotiate the day to day details of the home care service with each user. This type of arrangement also allows home care providers to respond flexibly to changes in a users' circumstances, including any emergencies that arise. Although these arrangements reduced opportunities for care managers to choose between providers, they greatly increased opportunities for providers to respond flexibly to older people's priorities, including changes in these when illness or other unexpected problems arose.

These new arrangements involved a considerable shift in power from commissioners to providers and users. They therefore depended on well-established relationships and significant levels of trust between purchasers and providers; open communications between commissioners, providers and care managers; and appropriate administrative and financial management systems to handle the new billing arrangements. One such initiative had been evaluated locally; this had found both increased user satisfaction and job satisfaction among home care staff.

A different approach to commissioning services to achieve maintenance outcomes was illustrated in two sites that had commissioned and funded local voluntary groups to provide low-level support services. For example, Age Concern was contracted to provide a volunteer shopping and home delivery service. In turn, Age Concern had enhanced its basic service by producing a list of shops that would deliver and by offering advice on internet shopping. It also helped to put isolated older people in contact with other services.

However, among day care and residential care services, there was more evidence of maintenance outcomes being addressed. One locality was reviewing its contracts for voluntary sector day care services, aiming to transform them from an output to an outcomes focus. In another locality, a day centre for older people with mental health problems allowed new users to try out different activities so staff could identify individual interests; users were then linked to a key worker with similar interests.

Process outcomes

There were many examples in the case study sites of services addressing process outcomes. Older users of intermediate care, day care services and residential homes alike emphasised the respectful, personalised and flexible qualities of these services – all important process outcomes. In one locality with a high proportion of ethnic minority elders, Asian day centre users valued having staff who spoke their languages. Users of intermediate care services, in particular, recognised the importance of process outcomes, both for the acceptability of the service itself and in underpinning change outcomes. For example, Mrs S was discharged from hospital after a hip fracture. She was reluctant to accept intermediate care because she *'didn't want to be taken over by strangers coming into the house'.* However running her home was an important outcome and a rehabilitation assistant worked with her to devise safe ways to do her housework: '*Some people say "We want you to do this or that", but they weren't like that. ... They didn't intrude on your life like some do-gooders do'.*

Factors facilitating an outcomes approach

Both the postal survey and case study interviews asked about the factors that helped in developing outcomes-focused services. In both stages of the study, responses fell into three clusters.

National policies

Managers thought that the national policy environment was increasingly supportive of outcomes-focused approaches. Relevant policies included the National Service Framework for older people; policies and dedicated resources to reduce hospital and residential care admissions; the promotion of choice and control through direct payments; and the Green Paper on Adult Social Care. Some respondents thought that inspection regimes had also become more compatible with outcomes approaches. The importance of compatible performance indicators – inevitably *'a big part of a manager's working life'* – in promoting outcomes approaches was emphasised several times.

Intermediate care and reablement services, both in-house and with NHS partners, were thought to have been particularly important in facilitating outcomes-focused approaches because they involved dedicated funding and the creation of new teams with a strong person-centred culture and focus on change outcomes.

Local vision, leadership and investment in change management
Leadership from senior managers who wanted, were in a position to and had time to manage change, was essential:

> *You can't do it as part of your day job – you need thinking time*

Corporate policies, such as the development of a customer focus across the local authority as a whole, or the introduction of new computerised documentation had helped in some cases. Political leadership was also noted as a significant enabling factor.

A 'whole systems' approach to managing change was important, as were investment in staff training and clear communication channels to *'take the staff with you'* so that *'we're all swimming the same way'.* Examples included regular meetings involving all assessment and care management staff; workshops for residential home and day centre staff; training in using outcomes-focused documents; and mentoring for new care managers.

Wider partnerships

Good relationships with a wide range of external partners were also considered essential; formal joint working, trusting relationships and shared values were all required. Partnerships improved access to a wider range of skills and resources that could be drawn on to meet users' outcomes. The success of multi-disciplinary approaches was particularly apparent in intermediate and day care services, where a range of professional skills could easily be accessed according to the priorities of individual older people.

However outcomes-focused health and social care partnerships were not always unproblematic. 'Outcomes' can have different meanings for medical and social care professionals and debates about 'medical' *vs*

'social' models had impeded the development of integrated outcomes-focused day services in one site.

Discussion and conclusions

Increasingly, policies for adult social care in England are calling for these services to focus primarily on delivering the outcomes required by individual older people. This paper has drawn on a larger study to examine progress in developing outcomes-focused approaches. Three issues arise from the research reported above: progress in the development of outcomes-focused approaches to date; the interpretation of the term 'outcome'; and the implications for the future of adult social care services.

Progress in developing outcomes-focused services
According to the study reported here, the development of outcomes-focused services is relatively recent. Very few examples were found of initiatives that respondents considered outcomes-focused that had been in place for more than three years; most were being planned, implemented or 'rolled out'. Moreover, even in the case study sites, selected because they reported having outcomes-focused services in place, work was nevertheless patchy and did not cover all service activities across the locality. Users confirmed that, while individual outcomes-focused services were undoubtedly highly effective, their coverage was nevertheless sometimes fragmented. The outcomes valued by older people appeared most likely to be achieved in services with strong interprofessional teams

and devolved resources over which staff had extensive control. For example, in reablement services, day centres and residential care homes, staff had access to a range of skills and resources they could deploy flexibly in response to users' priorities and concerns. However there appeared to be disjunctions between these examples of good practice and service users' wider lives. For example, day centres could provide excellent quality services, with a high emphasis on process outcomes, for those who attended. However, support for users to maintain their own social activities outside the day centre was non-existent. The most striking disjunction was between short-term reablement services and longer-term home care services, with the latter often acknowledged to be inflexible and insufficiently responsive to users' desired outcomes. It is hard not to endorse the views of managers reported above, that implementing outcomes-focused services requires a whole systems vision and strategy.

Understanding 'outcomes'

Despite the definitions described above, 'outcome' is a vague term, susceptible to different interpretations that reflect different situations and disciplinary perspectives. Indeed, the study found numerous other terms used by managers and practitioners, including 'person-centred' or 'integrated' services, 'goals' and 'independence'. This fluid terminology may also have affected responses to the postal survey, with fewer respondents than expected acknowledging their work as outcomes-focused because it was referred to locally in different terms. Moreover,

'outcome' was sometimes interpreted as 'outcome for services' (such as a reduction in hospital admissions or delayed discharges).

Managers and practitioners in the case study sites, selected because of their established outcomes-focused approaches, appeared more likely to have a relatively consistent understanding of outcomes, particularly at middle and senior levels. Interviewees nevertheless still emphasised the need for regular reinforcement of staff understanding through training and documentation to support outcomes-oriented assessment, care management and review. Both the concept and practice of outcomes mapped most readily onto intermediate care and reablement services that focused primarily on change and process outcomes. However, even here it was reported that other professionals, such as GPs and hospital staff failed to understand the concept of outcomes and frame their referral behaviour appropriately.

Moreover, many intermediate care services screen potential users, accepting only those able to achieve change outcomes, often in a relatively short time. This risks marginalising maintenance outcomes for those older people unlikely to achieve change, or who need long-term support. This may help to explain the disjunction between the change-oriented focus of intermediate care and reablement services and the acknowledged shortcomings of long term, mainstream domiciliary services in meeting a full range of desired maintenance outcomes. In the latter context the language of 'outcomes' was rarely used and funding and

contracting for home care services meant that at least some desired maintenance outcomes were rarely met, at least by statutory social care services.

Debate may therefore be required about the discourse of 'outcomes' and its usefulness in guiding the development of services that fulfil older people's priorities and aspirations. The dominance of NHS policies in driving developments across the health/social care boundary (Hudson and Henwood, 2002; Hudson, 2006) increases the risk that 'outcomes' are equated with 'change outcomes', with longer-term maintenance outcomes marginalised. 'Flexible', 'responsive' or 'person-centred' may be more appropriate terms to describe services that are responsive to individual older people's priorities and aspirations.

Outcomes – beyond adult social care?

At least some of the outcomes identified by older people do not, on the face of it, appear to be related to services that currently constitute the bulk of social care provision, whether directly provided or commissioned from external providers. Apart from the day centre and residential care activities reported above, service commissioning in the case study sites tended to prioritise physical maintenance outcomes, leaving other maintenance outcomes, such as keeping alert and active and sustaining social contacts, to voluntary organisations. This raises the question of social services' role in funding and commissioning both low level preventive services and appropriate, responsive services from

independent sector providers. In two case study sites, a range of services and initiatives, addressing a broad spectrum of maintenance outcomes, were planned as part of the new Partnerships for Older People Pilot (POPPs) projects (Department of Health, 2006b). These were expected to stimulate low level, locally based preventive services, often involving older people themselves as active participants and volunteers. To the extent that these projects generate services addressing the full range of outcomes desired by older people, they will also need to be taken into account in considering outcomes-focused approaches.

6178 words

References

Audit Commission (2004) *Older People – Independence and Well-being. The Challenge for Public Services.* Audit Commission, London.

Baldock JC. & Hadlow J. (2001) *How Older People Sustain their Identities and Preferences in the Face of a Limited Physical Condition and the Need to Accept Health and Care Services.* Growing Older Program, ESRC.

Bamford C. & Bruce E. (2000) Defining the outcomes of community care: the perspectives of older people with dementia. *Ageing and Society* **20**, 543-570.

Beaumont G. & Kenealy P. (2004) Quality of life perceptions and social comparisons in healthy old age. *Ageing and Society* **24**, 755-770.

Clark H., Dyer S. & Horwood J. (1998) *That Bit of Help*: *The High Value of Low Level Preventative Services for Older People.* The Policy Press, Bristol.

Clark, H. (2006) 'It's meant that, well, I'm living a life now'; older people's experience of direct payments, in J. Leece and J. Bornat (eds) *Developments in Direct Payments.* The Policy Press, Bristol, pp 79-94.

Clarke J., Gewirtz S., Hughes G. & Humphrey J. (2000) *New Managerialism, New Welfare?* Sage Publications for the Open University, London.

Clarke J., Smith N. & Vidler E. (2006) The indeterminacy of choice: political, policy and organisational implications. *Social Policy and Society* **5** 3, 327-336.

Coleman PG., Ivani-Chalian C. & Robinson M. (1998) The story continues: persistence of life themes in old age. *Ageing and Society* **18**, 398-419.

Commission for Social Care Inspection (2006) *A New Outcomes Framework for Performance Assessment of Social Care. Consultation Document 2006-07.* Commission for Social Care Inspection, London.

Department of Health (2001) *National Service Framework for Older People. Single Assessment Process.* Department of Health, London.

Department of Health (2005) *Independence, Well-being and Choice. Our Vision for the Future of Social Care for Adults in England.* Cm 6499, The Stationery Office, London.

Department of Health (2006a) *Our Health, Our Care, Our Say: a new direction for community services*, London, Cm 6737, The Stationery Office, London.

Department of Health (2006b) *Partnerships for Older People Projects (POPPs).* LAC(2006)7. Department of Health, London.

Francis J. & Netten A. (2002) *Homecare Services in One Local Authority: Client and Provider Views. R*ep 1795/3, Personal Social Services Research Unit.

Francis J. & Netten A. (2004) Raising the quality of home care: a study of service users' views. *Social Policy and Administration* **38**, 290-305.

Gabriel Z. & Bowling A. (2004) Quality of life from the perspectives of older people. *Ageing and Society* **24**, 675-692.

Glendinning C., Clarke S., Hare P., Maddison J. & Newbronner L. (2006) *Outcomes Focused Services for Older People.* Adult Services Knowledge Review 13, Social Care Institute for Excellence, London.

Godfrey M. & Callaghan G. (2000) *Exploring Unmet Need: The Challenge of a User-centred Response.* Joseph Rowntree Foundation, York.

Gwyther L. (1997) The perspectives of the person with Alzheimer disease: which outcomes matter in early to middle stage of dementia? *Alzheimer Disease and Related Disorders* **11**, 18-24.

Henwood M., Lewis H. & Waddington E. (1998) *Listening to Users of Domiciliary Care Services.* University of Leeds, Nuffield Institute for Health, Community Care Division, Leeds.

Her Majesty's Government (1999) *Modernising Government.* Cm 4310, The Stationery Office, London.

Hudson, B. (2006) Policy change and policy dilemmas: interpreting the community services White Paper in England. *International Journal of Integrated Care* **6**, 1-16.

Hudson B. & Henwood M. (2002) The NHS and social care: the final countdown. *Policy and Politics* **30**, 153-166.

Joseph Rowntree Foundation (2003) *Social Service Users' Own Definitions of Quality Outcomes.* Report on Shaping Our Lives Project, Ref 673, (available at www.jrf.org.uk, June).

Knapp M., Hardy B. & Forder J. (2001) Commissioning for quality: ten years of social care markets. *Journal of Social Policy* **30**, 283-306.

Leadbeater C. (2004) *Personalisation through Participation. A New Script for Public Services.* Demos, London.

Nicholas E., Qureshi H. & Bamford C. (2003) *Outcomes into Practice: Focusing Practice and Information on the Outcomes People Value. A Resource Pack for Managers and Trainers.* Social Policy Research Unit, University of York, York.

Nocon A. & Qureshi H. (1996) *Outcomes of Community Care for Users and Carers.* Open University Press, Buckingham.

Parry J., Vegeris S., Hudson M., Barnes H. & Taylor R. (2004) *Independent Living in Later Life*. Research Report 216, Department for Work and Pensions, London.

Patmore C. (2003) *Understanding Home Care Providers*: *Live Issues about Management, Quality and Relationships with Social Services Purchasers.* Working Paper DH 1963, Social Policy Research Unit, University of York, York.

Pollitt C. (2003) *The Essential Public Manage.* Open University Press, Maidenhead.

Qureshi H. & Henwood M. (2000) *Older People's Definitions of Quality Services.* Joseph Rowntree Foundation, York.

Qureshi H., Patmore C., Nicholas E. & Bamford C. (1998) *Outcomes in Community Care Practice. Overview: Outcomes of Social Care for Older*

People and Carer. Report 5, Social Policy Research Unit, University of York, York.

Raynes N. (1998) Involving residents in quality specification. *Ageing and Society* **18**, 65-78.

Tester S., Hubbard G., Downs M., MacDonald C. & Murphy J. (2003) *Exploring Perceptions of Quality of Life of Frail Older People During and After their Transition to Institutional Care.* Research Findings 24, ESRC Growing Older Research Program.

Walker A. & Hennessy C. (2004) *Growing Older: Qualify of Life in Old Age.* Open University Press, Maidenhead.

Wanless, D. (2006) Securing Good Care for Older People: Taking a Long-Term View, London, Kings Fund.

Ware T., Matosevic T., Hardy B., Knapp M., Kendall J. & Forder J. (2003) Commissioning care services for older people in England: the view from care managers, users and carers. *Ageing and Society* **23**, 411-428.

Table Legends

Table 1   Focus of outcomes work

Table 2   Perceived achievements of outcomes work to date

Table 3   Activities and services investigated in the case study sites

Table 1   Focus of outcomes work

Focus of work	Number of respondents (n=for 'all' older people/n=for 'some' older people)
With individual older people:	
Ensuring assessments identify outcomes desired by individual older people	34 (24/10)
Focus on outcomes in care planning process	35 (27/08)
Reviewing whether outcomes identified during assessment are being achieved	33 (20/13)
Planning and commissioning services:	
Changing existing services to better meet older people's priorities and preferences	26 (12/14)
Developing/commissioning new services to better meet older people's priorities and preferences	22 (10/12)
Monitoring/evaluating services to ensure they meet desired outcomes	25 (11/14)

Table 2   Perceived achievements of outcomes work to date

Improvements in services	Effects on older people/carers
• Modernisation of services • Service ratings • Improved skills/engagement of staff • Service monitoring • Joint working • Decreased bureaucracy • Changes in levels of service provision • Better use of resources • Development of service specifications	• New or better quality services for older people and their carers • Better focus on individual needs and desired outcomes • More person-centred approach/less service-led approach • More holistic approach • Empowerment of older people

Table 3   Activities and services investigated in the case study sites

Case study site	Activity	Services
Metropolitan borough, high ethnic minority population	Outcomes-focused assessment, care planning and review	Day care
County council, remote rural area	Outcomes-focused assessment and care planning New home care services contracts	Intermediate care
Rural county council	Developing, commissioning and managing outcomes-focused services	Low level prevention services Community-based rehabilitation services Home care services
Outer London borough	Planning and commissioning preventive services	Home care services Rehabilitation services to prevent hospital admission and support discharge
Small rural unitary authority	Care management	Residential care
County council rural/urban areas	Commissioning strategy for older people's services Review of care management practice Contract specifications for new preventive services	Rehabilitation and reablement services