

Appendices

Appendix 1

Ethical Submission and Approval

DERBYSHIRE RESEARCH ADVISORY PANEL SUBMISSION

Derbyshire Social Services Department Research Advisory Panel Application to Undertake Research

This application should be sent to: Derbyshire Social Services, Attention of Project & Research Managers, County Hall, Matlock, Derbyshire, DE4 3AG.

Brief title of the proposed research project:

Outcomes for disabled service users project

Aim/s of the proposed research:

This proposal aims to develop and test ways to incorporate an outcome focus into assessment and review with people of working age who have physical or sensory impairments, or are chronically ill.

Main question/s to be answered by the proposed research:

1. To what extent is it possible to develop an outcomes focused approach for incorporation into routine practice with disabled people that will prove practical and useful from the perspectives of service users, practitioners and managers?
2. Which aspects of outcomes focused practice are most valued by disabled service users, professionals and managers?
3. Can outcomes focused case review tools be developed for routine use with disabled service users?
4. Does use of an outcomes approach affect the outcomes achieved compared with conventional methods?

What research methods are to be used?

The research methods are primarily qualitative. The data collected from staff and (eventually) service users will mainly comprise evaluations of using the new outcome-focussed documents/ procedures. Some participant observation methods will be used (for example in gathering data at team meetings and staff training sessions).

Who are the proposed subjects of the research?

The proposed subjects are staff and service users of Derbyshire Social Services Disability Service Team.

What will the proposed research subjects be expected to do when taking part in the study?

Staff and service users will be expected to reflect upon the usefulness/ appropriateness of using the new documentation/ procedures and to suggest revisions as appropriate. The project 'roll out' assumes that progressively more staff will be drawn into the process of using the documentation, and therefore progressively more service users will be involved over the course of the project.

How will the proposed subjects of the research be recruited?

Staff have been invited to participate via service managers. In later stages (see project timetable attached), service users who have been assessed with the new documentation will be interviewed also. It is anticipated that these approaches will be made initially by the assessors, following

discussion with the research team concerning anticipated access requirements, appropriateness of approach and timing suitability.

How will the informed consent of the proposed research subjects be obtained?

Staff are currently participating in outcomes training on a voluntary basis. All service user contacts will firstly sign a form giving informed consent, which will be translated into other formats to render this consent meaningful, as appropriate.

What potential benefits or hazards are there for the proposed research subjects?

There are no anticipated hazards in the proposed research. The latter does not deal with sensitive subjects and is not likely to cause distress to participants in any shape or form. There are many potential benefits to Derbyshire Social Services, including the opportunity to acquire tailor-made outcome-focussed assessment and review documentation and procedures which will be produced via a process of extensive consultation with all stakeholders, following established and proven methods.

What arrangements are there to safeguard the confidentiality of information about the proposed research subjects?

The researchers, as part of the University of York, will conform to the Data Protection Act procedures. Officially data produced in this project as the property of the funding body, the Department of Health. As a rule, under guidance from funders, arrangements are made at the end of the project to destroy all unnecessary data and archive essential material anonymously. The partnership agreement signed by Derbyshire and the University of York makes reference to our agreement on confidentiality, which is that all material will be treated as confidential unless Derbyshire explicitly request otherwise.

How and to whom will the research findings be made available?

The findings will be made available to the Department of Health and to staff in Derbyshire Social Services Disability Team. The research team will take advice from the latter as to the best means of disseminating research findings to participating service users (for example, on access requirements).

Name and designation of Research Project Leader:

Dr. Jennifer Harris, Senior Research Fellow / Project Director

Address of Research Project leader:

**Social Policy Research Unit
University of York
Heslington, York**

Post Code **YO10 5DD**

Telephone number: **01904 433608**

Fax number: **01904 433618**

E-mail address: **jh44@york.ac.uk**

Names and designations of other research project staff:

**Hannah Morgan
Research Fellow**

Proposed research project start date: 01/01/02

Anticipated research project completion date: 31/12/04

Applicants signature: Jennifer Harris

Date: 18/04/02

Designation: Senior Research Fellow/ Project Director

Ms J Harris, BA(Hons) PhD, CQSW
Senior Research Fellow
Social Policy Research Unit
University of York
Heslington
York
Y010 5DD

Tel No: 01629 772020
Our Ref: PPA/DJ/HB
Your Ref:
Date: 14 June 2002

Dear Jennifer,

Re: Research Advisory Panel - Research - Outcomes and Younger Disabled People

Thank you very much for your research proposal 'Outcomes for Disabled Service Users Project'.

I confirm that the Research Advisory Panel considered this on the 26 April 2002 when they fully supported your proposal.

The Panel requested that you update them on progress at six monthly intervals and inform them of any significant changes in your protocols and/or methodologies.

They would like to explore ways of helping your research methods and findings become disseminated not only within the younger disabled service sector but also across service sectors. It is felt that they could be of more broadly based relevance, would encourage developments in other sectors, and help develop coherence amongst

Many thanks for your endeavours and do contact us if you feel we can be of assistance.

Best wishes.

Yours sincerely,

Denis Jones
Project and Research Manager (Adults)

Appendix 2

Partnership Agreement

**Outcomes for Disabled Service Users Project
PARTNERSHIP AGREEMENT**

The Social Policy Research Unit and Derbyshire Social Services Department intend to enter a partnership arrangement and this document sets out the terms and obligations of all parties.

The Social Policy Research Unit will:

- 1. Work with officers in Derbyshire social services, disability service to establish a local implementation group comprised of local managers, care managers, Occupational Therapists and research staff.**
- 2. Assist this local implementation group to devise outcome-focussed documents covering the processes of assessment and review of disabled service users.**
- 3. Manage the production process of documentation.**
- 4. Establish and run regular Project Advisory Groups and Service User Advisory Groups (3 each per year).**
- 5. Undertake a full pilot, brief evaluation and review of the documents.**
- 6. Jointly train local staff in the use of the devised outcome focussed documentation.**
- 7. Assist local managers in full-scale implementation within disability services of the devised outcome focussed documents**
- 8. Evaluate acceptability of the new system to all stakeholders (service users, carers, managers, practitioners).**
- 9. Provide a full report and executive summary for Derbyshire social services.**
- 10. Guarantee Derbyshire Social Services confidentiality and anonymity within written documents, unless they specifically request otherwise.**

Derbyshire Social Services, Disability Service will:

- 1. Agree to devise outcome-focussed assessment and review documentation with the researchers and assist in its implementation in the service.**

- 2. Participate in the local implementation group and make suggestions for membership of Advisory Groups.**
- 3. Assist the SPRU researchers in the running of the local implementation group meetings.**
- 4. Arrange staff attendance and local facilities in the staff training workshops (2).**
- 5. Jointly train local staff in the use of the devised outcome focussed documentation.**
- 6. Participate in the production of the outcome focussed documentation with the researchers.**
- 7. Make local- arrangements and agreements to enable the researchers to evaluate the introduction of the documentation (e.g. interviews with service users' carers / managers / practitioners).**
- 8. Review and comment on the draft final report to the Department of Health and other outputs as necessary.**
- 9. Assist in the local implementation group to devise a publications and presentations / dissemination strategy acceptable to all partners.**

The investment of both parties is considerable and is acknowledged here. SPRU are provided with funds from the Department of Health to enable the running of the project. These resources cover SPRU's obligation to provide reports to the Department of Health. In terms of staff input to this project, this will comprise part of the salary of a Senior Research Fellow (Dr. Jennifer Harris), full salary of a Research Fellow (to be appointed) and SPRU support staff costs.

Derbyshire Social Services is investing in a half time Occupational Therapist post for 4 months and this person will work with the researchers from the outset of the project. Derbyshire will be investing human resources and time in the production of outcomefocussed documents for use in the disability service.

Appendix 3

Interview Schedules

a) Researched Trial Implementation, Interview schedule for Professionals

RTI Staff Interview Schedule

- a) *Establish how much time the staff member has, if short ensure questions 12 - end completed.*
- b) *Confidentiality; management will only receive general views, not attributed etc.*

Background

- 1. What post do you hold?
- 2. Length of service in Derbyshire?

Outcomes Training

- 3. How have you been involved with the outcomes project?
 - a. consultation phase
 - b. training event (which ones?)
- 4. How useful was the training?
- 5. How confident were you after the training about:
 - a. adopting an outcomes focus
 - b. using the new documentation
- 6. What aspects of the training did you find useful/not useful?
- 7. Were there any gaps in the training?

RTI On-going support

- 8. Have you attended the RTI meetings?
- 9. How many?
- 10. Were these meetings useful/ not useful?
- 11. Do you feel supported or unsupported in adopting an outcomes focus?
 - a. by management
 - b. by project team

Outcomes Approach

- 12. How applicable is the outcomes approach to your work?
- 13. What particular features of the outcomes approach do you find useful /not useful in your work?

14. Can you give me examples from cases where you found the outcomes approach useful and not useful?
15. Overall, are you positive or negative towards the outcomes approach?
16. Why is that?

Using the Outcomes Approach

17. Did you find it easy or difficult to start using the outcomes approach?
18. Why was that?
19. What do you feel are the main differences between using the outcomes approach and your previous practice?
20. What do you think are the main advantages and disadvantages of using the outcomes approach in comparison with your previous practice?
21. Do you feel the service users responded positively or negatively to the outcomes approach?.
22. Do you think that using the outcomes approach with these service users was more or less beneficial than the previous assessment system?
23. Please explain why.
24. In your work, does using the outcomes approach:
 - a. mean the work is more or less targeted on the service user's personal goals
 - b. mean the service user understands more or less about the purpose of intervention
 - c. lead to the same or different types of services being provided?

Documents (show blank CCA/CP/CPR)

25. How user-friendly are the documents?
 - a. CCA
 - b. CP
 - c. CPR
26. Which parts of the documents do you find particularly useful/ not useful?

Ending

27. Is there anything you would like to add?

Thank you very much for your time and for helping in the project.

b) Researched Trial Implementation. Senior Managers Interview schedule

RTI Management Staff Interview Schedule

- a) *Establish how much time the staff member has, if short ensure questions 12 - end completed.*
- b) *Confidentiality assurance*

Personal Background Information

- 1. What is your job title?
- 2. Length of service in Derbyshire?
- 3. How many staff are you directly and indirectly responsible for?
- 4. What professions are these staff from (approximate numbers of Care managers, OT, CCWs etc.)

Perspective on the Outcomes Training

- 5. How have you personally been involved with the outcomes project?
 - a. consultation phase
 - b. training event (which ones?)
 - c. meetings? (e.g. LIG, PAG, special meetings e.g. SAP?)
- 6. How useful did you feel the outcomes training was for staff?
- 7. How confident were you after the outcomes training about:
 - a. The adoption of the outcomes focus
 - b. Staff capabilities in using the new documentation
 - c. Staff capacities to respond to changed practice
- 8. Were there particular parts of the outcomes training you thought useful/not useful?
- 9. Have you identified any gaps in the outcomes training?

RTI On-going Support

- 10. Have you any comments on the on-going RTI support meetings that have been held?
- 11. Do you consider these meetings to have achieved nor not achieved their objective of supporting the staff through the change to the outcomes focus?
- 12. From you perspective as a manager, has it been difficult or easy to support staff with these changes? *<Ask for examples if appropriate>*
- 13. How could the on-going support be improved in your view?

Outcomes Approach

14. Do you have any comments on the applicability of the outcomes approach to the work of your team?
15. Are there particular features of the outcomes approach that you find useful /not useful
16. Can you give me examples from supervision of staff where they have found the outcomes approach useful and not useful?
17. Overall, do you as a manager feel positive or negative towards the outcomes approach?
18. Why is that?

Supervising Staff who are Using the Outcomes Approach

19. Did your staff find it easy or difficult to start using the outcomes approach?
20. Why was that?
21. What do you feel are the main differences between using the outcomes approach and previous practice?
22. What do you think are the main advantages and disadvantages of using the outcomes approach in comparison with the assessment procedures used prior to introduction?
23. From discussion with your staff, is your overall impression that service users have responded negatively or positively to the outcomes approach?.
24. Do you think that the outcomes approach is more or less beneficial to service users than the previous assessment system?
25. Please explain why.
26. Do you consider that using the outcomes approach:
 - a. means the work is more or less targeted on the service user's personal goals
 - b. mean the service user understands more or less about the purpose of intervention
 - c. lead to the same or different types of services being provided (as under the previous assessment system)?

Documents (show blank CCA/CP/CPR)

27. From your experience of managing staff, how user-friendly have they found documents?
 - a. CCA
 - b. CP
 - c. CPR

28. Which parts of the documents have your staff found particularly useful/ not useful?

Ending

29. Have you any general comments you would like to add?

Thank you very much for your time and for helping in the project.

c) Researched Trial Implementation, Service User Interview schedule

Service User Interview Schedule

[Establish how much time the service user has and whether talking tires them etc. Informed consent - sign form; Tape recording, confidentiality etc].

1. Have you had a social services assessment before? *(If no go to question 5)*

Previous Assessment/s (not outcomes focused)

2. Can you remember why you had that assessment?
3. What was the result of the assessment?
4. At that time was that what you wanted to achieve?

The Outcomes Assessment

5. Who referred you to social services?
6. Why were you referred to social services?
7. Who did your outcomes assessment or review? [member of staff's name]
8. In your assessment what outcomes [goals] did you identify to work on?
9. How easy/difficult did you find it to identify the outcomes you wanted to work on?
10. Do you feel more or less close to achieving your outcomes [goals] now?
11. Why is that?
12. Do you think that having the outcomes assessment means you are less or more likely to achieve your goal/s?
13. Overall, are you positive or negative about your outcomes assessment or review?
14. Why is that?
15. What did you find particularly useful/not useful about the outcomes assessment?
16. Did this outcomes assessment help you achieve your outcomes successfully or not?
17. Why do you think that?

If the Service User had a Non-Outcomes Assessment Previously:

18. How did your outcomes assessment compare to previous assessment/s?
19. Did you prefer the outcomes assessment or non-outcomes assessment?
20. Why was that?

Documentation (show blank CCA/CP/CPR)

21. Did you receive a copy of your care plan ?
22. Did you receive the documents in an accessible format?
23. Do you feel the documents are a good or bad record of your discussion at the assessment?
24. Do you think the documents are/are not 'user-friendly'?

Review

25. Have you met with (member of staff) to review your care plan?

If no,

- a. Has a date been set for a review?

If yes,

- b. Had the outcomes you identified at the assessment been achieved?

(If yes move to conclusion)

If no

- c. Why had the outcomes not been achieved?
- d. Who do you feel is responsible for the outcomes not being achieved:
 - i. self
 - ii. carer
 - iii. social services
 - iv. other [please state]

Conclusion

26. Is there anything else you would like to add

Thank you for taking part in this interview (remember about confidentiality etc). If review has not taken place, ask if second interview is possible.

d) Comparative Test, 'Before' professionals' interview schedule

COMPARATIVE TEST 'BEFORE' Staff Interview Schedule

- a) *Establish how much time the staff member has*
- b) *Confidentiality; management will only receive general views, not attributed etc.*

Background

- 1. What post do you hold?
- 2. How long have you been in this post?
- 3. Please can you briefly say what are the main duties of your current post?

Current Assessment Documents Used

<show documents from recording tools manual>

- 4. Which assessment documents do you currently use?
 - a. Official Community Care Assessment document or other (please specify who uses and when, and describe)
 - b. Official Care Plan or other (please specify who uses and when, and describe)
 - c. Official Care plan review documents or other (please specify who uses and when, and describe)
 - d. Specialist assessments documents (state which ones, who uses them and when, and describe)

(nb. Staff have been asked to bring copies of non-official documents they current use, if possible ask for a copy for the project).

Then ask questions 5–8 in relation to each document

- 5. Taking these assessment documents in turn, how applicable do you find them to your work? (and if using 'unofficial' documents ask about the applicability of both the official and unofficial documents)
 - a. Community Care Assessment document
 - b. Care Plan,
 - c. Care plan review documents
 - d. Specialist assessments documents (state which ones?)
- 6. How do you use your current assessment documents?
 - a. Fill them in at the assessment with service user present or fill them in at the office later?
 - b. Fill in all the categories or just those you feel appropriate?
- 7. Which items on the current forms do you find especially useful/ use a lot (and why)?

8. Are there any items on the current forms that you never use/ don't find useful in your work (and why)?
9. Which documents are copied to service users and do they find the documents useful?
10. What do you think are the main advantages and disadvantages of using the current documents?
11. Do you consider that using the current forms enables the work to be targeted on the service user's personal goals or not?
12. In your view does using the current forms assist the service user in understanding clearly the purpose of intervention or not?
13. Thinking back on your caseload, can you identify any cases where the documents you currently use have been well suited to the intervention? Why?
14. Thinking back on your caseload, can you identify any cases where the documents you currently use have been not well suited to the intervention? Why?

Current Practice

15. Do you utilise theory in your practice? Can you tell us of any theories you regularly draw upon from your training in your practice?
16. Can you give us an example of how you have used this theory in your practice?
17. Are you satisfied or dissatisfied with the current assessment and review system?
18. Why and in what respects? (e.g. in relation to particular service user groups or certain forms or practices)
19. Which types of service do you routinely refer service users to?
20. How do you feel service users respond to the current assessment procedures and documents?

Ending

21. Is there anything you would like to add?

Thank you very much for your time and for helping in the project.

e) Comparative Test 'Before' Management Interview Schedule

COMPARATIVE TEST 'BEFORE' Management Staff Interview Schedule

*Establish how much time the staff member has
Confidentiality; personal attribution not made on comments.*

Background

1. What post do you hold?
2. How long have you been in this post?
3. Please can you briefly say what are the main duties of your current post and which groups of staff you supervise?

Current Assessment Documents

<show documents from recording tools manual>

4. Please give your opinion on the layout of these documents:
 - a. Community Care Assessment document
 - b. Care Plan,
 - c. Care plan review documents?
 - d. Specialist assessments documents (state which ones?)
 - e. 'Unofficial' documents used by staff
5. Taking these assessment documents in turn, how applicable do you feel they are to the work of your staff?
 - a. Community Care Assessment document
 - b. Care Plan,
 - c. Care plan review documents
 - d. Specialist assessments documents (state which ones?)
 - e. 'Unofficial' documents used by staff
6. In supervision do your staff find there are domains on these current forms that are especially useful/ use a lot (and why)? (also 'unofficial' documents if used)
7. In supervision do your staff find there are domains on these current forms that they don't find useful (and why)? (also 'unofficial' documents if used)
8. What do you think are the main advantages and disadvantages of using the current documents?
9. Do you consider that using the current forms enables the work to be targeted on the service user's personal goals or not?

10. In your view does using the current forms assist the service user in understanding clearly the purpose of intervention or not?
11. In your view, are the current documents suited to:
 - a. work with particular service users
 - b. particular types of intervention
12. Do you feel that there are certain situations where the current documents you currently use have not been suited to the intervention? Why?

Current Practice

13. Do your staff utilise theory in their practice? What theories do staff regularly draw upon in practice?
14. Can you give us an example of how staff have used these theories in practice?
15. Are you satisfied or dissatisfied with the current assessment and review system?
16. Why and in what respects? (e.g. in relation to particular service user groups or certain forms or practices)
17. Do you feel staff routinely refer service users to certain services? (and which services are they?)

Ending

18. Is there anything you would like to add?

Thank you very much for your time and for helping in the project.

f) Comparative Test 'After' Professional Interview Schedule

COMPARATIVE TEST 'AFTER' Staff Interview Schedule

- a) *Establish how much time the staff member has*
- b) *Confidentiality; management will only receive general views, not attributed*>

Background

- 1. What post do you hold?
- 2. How long have you been in this post?
- 3. Please can you briefly say what are the main duties of your current post?

Use of Outcome-focused Documents

<Show outcome-focused Community Care Assessment, Care Plan, Care Plan Review, Personal Service Plan & Personal Service Plan Review>

- 4. **Which** of the following documents are you currently using?
 - a. Outcome-focused Community Care Assessment?
 - b. Outcome-focused Care Plan?
 - c. Outcome-focused Care Plan Review?
 - d. Outcome-focused Personal Service Plan?
 - e. Outcome-focused Personal Service Plan Review?
 - f. Specialist assessments documents <Ask which ones>
- 5. **How applicable** do you find **each** of the following to your work?
 - a. Outcome-focused Community Care Assessment
 - b. Outcome-focused Care Plan,
 - c. Outcome-focused Care plan review
 - d. Outcome-focused Personal Service Plan
 - e. Outcome-focused Personal Service Plan Review?
 - f. Specialist assessments documents <Ask which ones>
- 6. Which **categories** on the outcome-focused documents do you find **especially useful or use a lot** (and why)?
- 7. Which **categories** on the outcome-focused documents do you **not find especially useful or rarely use** (and why)?

8. How do you **use** these outcome-focused documents?
 - a. Fill them in at the assessment with service user present **or**
 - b. Fill them in at the office later?

And do you....

 - c. Fill in all the categories **or**
 - d. Fill in just those categories you feel appropriate
9. What do you think are the **main advantages and disadvantages** of using the outcome-focused assessment documents?
10. Can you recall any cases where the outcome-focused documents have been **well suited** to the intervention? Why?
11. Can you recall any cases where the outcome-focused documents have **not been well suited to the intervention**? Why?
12. From your experience of using the outcomes documents do you think they are **appropriate** for routine assessment and review?

Use of the Outcomes Approach

13. In your view does using the outcomes approach result in:
 - a. Work that is **less or more targeted** on service users' desired outcomes? *<Ask for case example>*
 - b. Work in which the **purpose is less or more clear** to the service user? *<Ask for case example>*
14. Since you have been using the outcomes approach do you consider that:
 - a. The **types of work** you undertake with service users are the same or different? *<Ask for case example>*
 - b. The **services you refer to** are the same or different? *<Ask for case example>*
15. In what ways has using outcomes **changed your practice**?
16. Can you describe a case where you used the outcomes approach and it **worked well**?
 - a. Why do you think it worked well in this situation?
17. Can you describe a case where you used the outcomes approach and it **did not work well**?
 - a. Why do you think it did not work well in this situation?

18. Overall, are you **satisfied or dissatisfied** with the outcome-focused assessment system?
 - a. Why and in what respects? (e.g. in relation to particular service user groups or certain forms or practices)
19. How do you feel **service users** have responded
 - a. To the outcomes approach *<Ask for case example>*
 - b. To the outcome-focused documents? *<Ask for case example>*
20. Which outcome-focused documents are copied to service users and do they find the documents useful?

Ending

21. Is there anything you would like to add?

Thank you very much for your time and for helping in the project.

g) Comparative Test 'After' Management Interview Schedule

COMPARATIVE TEST 'AFTER' Management Interview Schedule

- a) *Establish how much time the staff member has*
- b) *Confidentiality; management will only receive general views, not attributed etc.*

Background

1. What post do you hold?
2. How long have you been in this post?
3. Please can you briefly say what are the main duties of your current post?

Outcomes Assessment Documents

Show outcome-focused CCA, Care Plan, Care Plan Review, Personal Service Plan and Personal Service Plan Review

4. Please give your opinion on the **layout of each** of these documents?
 - a. Outcome-focused Community Care Assessment
 - b. Outcome-focused Care Plan
 - c. Outcome-focused Care Plan Review
 - d. Outcome-focused Personal Service Plan
 - e. Outcome-focused Personal Service Plan Review
5. How **applicable** do you find **each** of the following to the work of your staff?
 - a. Outcome-focused Community Care Assessment
 - b. Outcome-focused Care Plan,
 - c. Outcome-focused Care plan Review
 - d. Outcome-focused Personal Service Plan
 - e. Outcome-focused Personal Service Plan Review
 - f. Specialist assessments documents (state which ones)
6. From your experience in supervising staff, can you say **which categories** on the outcome-focused assessment documents have been found to be especially useful or used a lot (and why)?
7. Which categories on the outcome-focused assessment documents have staff **not** found especially useful or rarely use (and why)?
8. What do you think are the **main advantages and disadvantages** of using the outcome-focused assessment documents?
9. Do you consider that using the outcome-focused documents enables the work to be targeted on the service user's personal goals or not?

10. Can you recall any cases where the outcome-focused documents have been well suited to:
 - a. Work with particular service users
 - b. Particular types of intervention
11. Can you recall any cases where the outcome-focused documents have not been well suited to the intervention? Why?
12. From your experience of supervising staff using the outcomes documents do you think they are appropriate for routine assessment and review?

Current Practice using Outcomes

13. In your view does using the outcomes approach result in:
 - a. Work that is **less or more targeted** on service users' desired outcomes? *<Ask for case example>*
 - b. Work in which the purpose is **less or more clear** to the service user? *<Ask for case example>*
14. Since you have been supervising staff using the outcomes approach do you consider that:
 - a. The **types of work undertaken** with service users are the same or different? *<Ask for case example>*
 - b. The services that **staff have referred service users** to are the same or different? *<Ask for case example>*
15. In what ways has using outcomes **changed practice** in your view?
16. Can you describe a case where staff used the outcomes approach and it **worked well**?
 - a. Why do you think it worked well in this situation?
17. Can you describe a case where staff used the outcomes approach and it **did not work well**?
 - a. Why do you think it did not work well in this situation?
18. Overall, are you **satisfied or dissatisfied** with the outcome-focused assessment system?
 - a. Why and in what respects? (e.g. in relation to particular service user groups or certain forms or practices)
19. Has implementing the outcomes approach necessitated any changes at the management level? *<e.g. resources, time supervision changes etc.>*

Service Users

20. Which documents are copied to service users and do they find the documents useful?
21. In your view do the outcome-focused documents assist the service user in **understanding clearly the purpose** of intervention or not?

22. How do you feel **service users have responded**
 - a. To the outcomes approach *<Ask for case example>*
 - b. To the outcome-focused documents? *<Ask for case example>*

Ending

23. Is there anything you would like to add?

Thank you very much for your time and for helping in the project.

Appendix 4
Outcomes Information Leaflet and Focus Group Schedules

What are outcomes?

Outcomes are the end products or goals that a person wishes to achieve. Smaller outcomes act as building blocks helping people to achieve larger outcomes. One example of a larger outcome would be 'access to further or higher education in order to get a job'. A smaller outcome, or goal, would be to find out about college courses.

Thinking about outcomes changes assessment from just looking at services and their delivery to a focus on the outcomes of services for the people who receive them. It asks service users to identify the wider outcomes they wish to see in their lives and to work with professionals to identify the role services can play in working towards those outcomes.

One of the main benefits of the outcomes approach is that it puts a greater emphasis on what the service user and professional want to achieve, rather than



on fitting service users into services. It also aims to keep service users and, if appropriate, carers more informed about assessment and review.

Instead of saying these are the services we have and fitting the service user into those services, an outcomes focus asks "what do you want to achieve?" and then works with the service user to achieve those outcomes.

Who is involved?

The Outcomes for Disabled Service Users Project is a research and development partnership between Derbyshire Social Services' Disability Service and the Social Policy Research Unit (SPRU) at the University of York. This work is funded by the Department of Health.

What's it about?

The purpose of the project is to look at the opportunities for using an outcomes

approach in routine social care practice with disabled service users. A focus on outcomes is being introduced to assessment and review procedures.

What's happened so far?

New assessment and review documents with an outcomes focus have been designed and tested in face to face work with service users. Staff have been trained in the outcomes approach and the use of the new documents.



What do we want you and your group to do?

A researcher will join your group to tell you about the project and answer any questions you have. We want your views and thoughts about the work we are doing. For example, we may send one of the documents that social services staff are using in advance of the meeting. We may attend your meeting to ask for your views on the document (how can we improve it, what is useful about it, what is not useful).

This information is also available in Braille, on tape or on disk. If you would like the information in another format please let us know.

What's happening next?

The new documents will be used in two areas of Derbyshire. Before they are used social services staff will be interviewed to find out what they currently do at assessment and review. After staff have used the new documents and an outcomes approach we will return next year to interview them about this. At the same time we will also talk with service users who have been assessed and reviewed using these new documents and this new approach.

Why do we want to join your group?

We would like your input about what we are doing so that your views influence the development of this project.



Contact details:

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Heslington
York
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Fax number: 01904 433618
E-mail: ka8@york.ac.uk

TOPIC GUIDE ONE

Introducing the Outcomes Project

Aims:

- To introduce the project.
- To get people thinking about how an outcomes assessment would work for them.

Thank you for letting me join your group today.

My name is Karen Jackson. I'm from the Social Policy Research Unit at the University of York. I'm going to tell you about a project that the Social Policy Research Unit is running. As I talk about the project there will be opportunities for discussion. What I would like today are your thoughts about what you have heard, because your information and ideas will help to guide the project that I'm going to talk about.

If it's OK with you I will make notes about our discussion. Otherwise I'm bound to forget something important. Your name will not be used in any typed notes that I make.

The project is a partnership between Derbyshire Social Services and the Social Policy Research Unit, and is funded by the Department of Health. The project is called 'Outcomes for Disabled Service Users'. If I can begin by saying a bit about what outcomes are.

Outcomes are the end products, or goals that you want to achieve. Thinking about outcomes means that you might look at the wider goals you wish to achieve. Instead of saying 'we have these services' and fitting your needs into those services, an outcomes focus asks 'what do you want to achieve?' and then social services work with you to achieve your goals.

Do you think that this way of working, focussing on your goals, would help you?

Three benefits of an outcomes focus are:

One, it puts you at the centre of the assessment.

Two, it increases the focus on your whole life, leisure and work issues, as well as personal care and domestic support.

And three, it increases your choice and options.

We want to achieve better services for disabled service users in the Derbyshire area. This is being done by looking for ways of using outcomes with disabled people in your area.

b) Focus Group Topic Guides

New assessment and review documents with an outcomes focus have been designed and tested with service users. Social services staff have been trained in the outcomes work and the use of the new documents. Staff have been interviewed before using the new documents to find out what they currently do at assessment and review. After staff have used the new documents, and an outcomes way of working, we will return later this year to interview them about this. At the same time we will talk with service users who have been assessed and reviewed using these new documents and this new way of working.

The new documents cover areas such as, personal comfort and cleanliness, access to the home and wider environment, and social and economic participation.

If I can just stop there for a moment and ask,

How do you think this kind of assessment would work for you?

I will give two examples of outcomes and then perhaps we can discuss your thoughts about this way of working.

Here's the first example of this way of working:

During an assessment the service user identifies that he or she is interested in further education. The professional (for example, care manager, occupational therapist, or community care worker) records the wider outcome as accessing further education. To reach that goal smaller outcomes are set. Smaller outcomes might be: to enquire about courses and open days; to find out what qualifications are needed to go on a course; and to think about how to travel to the course.

Discuss first example.

My second example is about someone who would like to join in more. In this example the wider outcome is social participation. This is broken down into manageable stages, smaller outcomes, that would include things like: investigating options for voluntary work; getting information about local evening classes and groups; and finding out about local sports facilities.

Discuss second example.

Do you think you would find it easy or difficult to tell the professional the outcome you want to achieve?

General points (open forum for questions).

TOPIC GUIDE TWO

Thinking About Outcomes

Aims:

- To discuss outcomes in more detail.
- To think about the assessment process.

Reminder about what outcomes are

At your last meeting I talked about a new kind of social services assessment and review. The new assessment and review looks at the outcomes you want to achieve. Outcomes are your goals. Today I would like to talk about outcomes in more detail.

Here is a case study to get us thinking about outcomes. I'll read through the case study and you can follow what I'm saying on your own copy if you want to.

Introduce spot the outcomes

Time to read aloud/Braille copies (watch where the page breaks are).

Think about the outcomes for Fred using the questions on the sheet.

Can you think about some of your own outcomes that you want to share with the group.

Are there any situations where you have a goal you would like to achieve?

Is it easy or difficult to think about your goals?

What makes it difficult to think about your goals?

Are there any ways that staff can help you to think about your goals? (Time to think or prompts that would help you to think.)

What can social services do to help you to achieve your goals?

Assessment and review

If anyone has had an outcomes assessment:

Thinking about the new outcomes assessment – is this better or worse than previous ones?

What do you think is better and what is worse?

If people haven't been assessed:

What is it like to be assessed now? (Main differences of new approach.)

What do you think it would be like to be assessed with an emphasis on your goals?

What's a good assessment like? (Talk through an example and say what was good about it.)

How do you think it would be different?

What are the differences between a good and bad assessment?

b) Focus Group Topic Guides

What can social services do to improve your experience of assessment and review?
Examples.

'Spot the Outcomes'

Fred Bloggs lives alone in a small cottage in rural Derbyshire. Fred has multiple sclerosis. He has contacted social services as he wants to discuss how to adapt his home and getting out and about.

Fred was a teacher at a local primary school until 4 years ago when he retired because of ill-health. Fred and his wife separated around five years ago. He has a seven-year-old daughter who lives with his wife nearby. Fred worries that he is losing touch with his daughter. He is not working and watches a lot of TV. He has skills in computing and office work that he feels are not being used.

Fred's urgent concerns are:

- He is having trouble getting into the bath.
- His bed is too high for him to get into easily.
- He is 'feeling low' as he is not busy.
- He feels isolated from his local community.

Imagine you are Fred.

What outcomes would you want to achieve?

What smaller outcomes would help you to achieve the bigger outcomes?

Can you think about some of your own outcomes that you want to share with the group?

Remember:

- Outcomes are END RESULTS
- Outcomes are GOALS
- Outcomes are ACHIEVEMENTS

TOPIC GUIDE THREE

Care Plan

Aim:

- To discover opinions about wording, layout and content of the care plan.

Introduction

Today I've brought along copies of the new outcomes/goal focussed care plan that social services staff are using. There are four documents that social services staff are using. They are:

- The community care assessment, is the document that forms that basis of an assessment. This document is used to record your goals.
- The care plan, which summarises your goals and gives information about reaching your goals (for example service inputs) – who is doing what and when.
- The care plan review, this says how successful you and social services have been in reaching your goals, and provides an opportunity to make small changes to the care plan.
- And finally, the personal service plan provides information for other organisations involved in helping you to achieve your goals. This will have information on that only the organisation involved needs to know, i.e. it will not contain anything the organisation doesn't need to know about you.

What I'd like to do today is to look through the care plan and find out what you think about it. Derbyshire social services' policy is that all service users who have an assessment should receive a care plan. In some cases teams also send a copy of the community care assessment. But because the care plan is so important, I'd like to ask your opinions about that.

General questions to ask about all forms

What do you like about the form? Layout. Sections/domains.

What do you dislike about the form? Layout. Sections/domains.

Is there anything that is missing from the form? For example something that would make it easier to read, understand or that you would like to discuss.

Do you feel that this form is user friendly? Can you understand the form? Is the kind of information that the form gives helpful for you?

Is the care plan helpful?

Do you receive a care plan/review?

What type of information is useful/would be useful?

TOPIC GUIDE FOUR

Introducing New Services and Development of Service User Information

Aims:

- To find out how service users prefer to learn about new services and what they need to know.
- To find out what service users think other service users need to know about the outcomes approach for assessment to be effective, and how to present this information.

A part of the outcomes project is to discover (find out) how you like to learn about new services and the kind of information that you find helpful. Today I'd like to find out how you prefer to learn about services, and to ask what you think you'd need to know about the outcomes approach.

Introducing new services

How would you feel if you were told you would be assessed in a new way?

What would you want to ask?

When social services make changes to the way they work, how do you like to find out about those changes?

How do you find out changes to services have been made?/Where do you look for information about changes to services?

Do you receive a letter telling you of changes?

Do you find out when talking with social services' staff?

Are there websites that you read to keep in touch with information from the local authority or social services?

In what kind of format do you like to receive information?

Written – a letter or leaflet.

Electronically – e-mail and internet. Would you read an e-mail with a link to a website for further information?

Verbally – a phone call or visit from someone who you have regular contact with? Do you prefer a phone call or a visit in person? Does it matter if the person is someone you know?

Now I want to ask you what you think other service users might like.

How should other service users be told about changes to their service?

b) Focus Group Topic Guides

How much advance warning do service users need about changes to the way they will be assessed?

Who needs to know about the introduction of new services, or changes to services? (Just service users having a second contact with social services?)

What difference does having the information make?

Go on to next section if time permits, otherwise will discuss at the next meeting.

Development of service user information

Before I go on I just want to remind you what the outcomes approach is. Outcomes are the goals that a person wants to achieve. And an outcomes focussed assessment asks service users to think about the goals they wish to achieve in their lives, and then tries to achieve them.

Do you find this idea difficult or easy to understand?

What would make it easier to understand?

What's the best way of presenting this information? Leaflet, letter, via telephone.

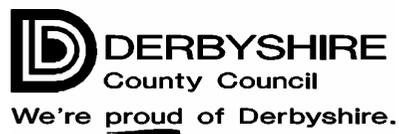
Would it be helpful to be sent a list of things to think about before your assessment?
What should be on that list?

When is the best time to tell service users about the outcomes approach? At their assessment or before then?

Where are good places to put information about outcomes? Websites – which ones, leaflets in libraries, social services offices, hospitals, GP surgeries, other public places for example chemists.

Appendix 5

Outcomes Tools



**DISABILITY SERVICE
COMMUNITY CARE ASSESSMENT**

Completed by	Date assessment commenced
	Date form completed
Service user's name	Date of referral
Address	Source of referral
Telephone number	Date of birth
Social Services ID number	Ethnicity / culture
Religion	
Important relationships	
Address	Does not meet FACS eligibility criteria <input type="checkbox"/>
Telephone number	
Note of communication / access requirements	

Summary of presenting situation as seen by service user (including current service provision where applicable)
Lives alone YES/NO

OUTCOMES ASSESSMENT

AUTONOMY OUTCOMES	DESCRIPTION
Access to all areas of home	
Access to locality + wider environment	
Communicative access	
Financial security	
PERSONAL COMFORT OUTCOMES	DESCRIPTION
Personal hygiene	
Safety	
Security	
Desired level of cleanliness of home	
Emotional well being	
Physical health	

Community Care Assessment Document

ECONOMIC PARTICIPATION OUTCOMES	DESCRIPTION
Access to paid employment as desired	
Access to training	
Access to further/higher education to secure employment	
Access to appropriate training for new skills (e.g. lip reading)	
SOCIAL PARTICIPATION OUTCOMES	DESCRIPTION
Access to mainstream leisure activities	
Access to support in parenting role	
Access to support for personal relationships	
Access to advocacy/peer-support	
Citizenship	

Community Care Assessment Document

2	a) b) c)		
---	------------------------	--	--

Does the service user agree to assist in achieving these outcomes? YES/NO

Does the carer agree to assist in achieving these outcomes? YES/NO

Does the worker agree that these outcomes should be planned for? YES/NO

PLEASE ATTACH RELEVANT RISK ASSESSMENTS

Community Care Assessment Document

Who participated in this assessment?	
Name Address	Name Address

Is the carer eligible for separate assessment?
Note arrangements to be made if so:

Summary of assessor
Signature of assessor
Specialist Assessments Required YES / NO

Disability Service Outcomes focused care plan

For:	Date of birth:
SS ID:	
Date care plan agreed:	
Completed by:	
Date for review:	
Name of care plan co-ordinator:	
Contact telephone number:	
Service user requires this care plan in:	Braille <input type="checkbox"/>
	Audio tape <input type="checkbox"/>
	BSL video <input type="checkbox"/>
	Community language <input type="checkbox"/>
	<i>(please specify:)</i>
Service user's signature:	

Outcomes are the end results, goals and achievements of service provision

OUTCOMES (goals) to be met	SMALLER OUTCOMES (sub-goals) to be met	WHAT will be done?	WHO will do it and BY WHEN?	COST to the service user
1.	(a)			
	(b)			
2.	(a)			
	(b)			
3.	(a)			
	(b)			
4.	(a)			
	(b)			



DISABILITY SERVICE OUTCOME FOCUSED CARE PLAN REVIEW	
For:	Date of birth:
SS ID:	
Date of review:	Completed by:
See care plan dated:	Contact number:
Meeting involved:	

OUTCOMES (goals) we said we would aim for	SMALLER OUTCOMES (sub-goals) we said we would aim for	Has the outcome been achieved? (Yes / No)	If 'no' what needs to be done now?	Action: who will do what and when?

Reassessment of desired outcomes (identifying new or unmet desired outcomes)*	
1	
2	

*NOTE: If several new desired outcomes are apparent, or substantial amendments are to be made to the care plan, a new outcomes focused single assessment care plan document should be used.

- 1. Is the service user still eligible for support/ treatment? YES NO
- 2. Action: current care plan amended? YES NO
- 3. Action: current care plan closed? YES NO
- 4. Comment on how service user is managing direct payments (if appropriate)

.....



DISABILITY SERVICE OUTCOME FOCUSED PERSONAL SERVICE PLAN	
FOR:	D.O.B.
DATE PERSONAL SERVICE PLAN AGREED:	Completed by:
REVIEW DATE:	

OUTCOMES (goals) to be met	SMALL OUTCOMES (sub-goals) to be met	What will be done	Who will do it and by when	COST TO SERVICE USER (This will only be detailed on second and file copy plan)

RTI Personal Service Plan
 CONTINUATION SHEET

OUTCOMES (goals) we said we would aim for	SMALLER OUTCOMES (sub-goals) to be met	WHAT WE WILL BE DONE	WHO WILL DO IT AND BY WHEN	COST TO SERVICE USER (This will only be detailed on second and file copy plan)

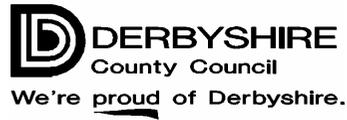
Copies to:

NB: USE A SERVICE PROGRAMME IF APPROPRIATE

This Personal Service Plan aims to meet your current needs. It will be regularly reviewed with you. If your needs change, the care you receive may need to change.

SIGNED: Service user

Worker



DISABILITY SERVICE OUTCOME FOCUSED PERSONAL SERVICE PLAN REVIEW	
FOR: SS ID:	D.O.B:
DATE OF REVIEW:	Completed by:
SEE PERSONAL SERVICE PLAN DATED	Contact number:
MEETING INVOLVED	

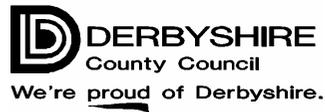
WHAT WE SAID WE WOULD DO		Has this outcome been achieved? (Yes/No)	If 'no' what needs to be down now?	Action: who will do what and when?
OUTCOMES (goals) we said we would aim for	SMALLER OUTCOMES (sub-goals) we said we would aim for			

Reassessment of desired outcomes (identifying new or unmet desired outcomes)*	
1.	
2.	

*NOTE: If several new desired outcomes are apparent, or substantial amendments are to be made to the personal service plan, a new outcomes focused single assessment care plan document should be used.

- | | | |
|---|-----|----|
| 1. Is the service user still eligible for support/treatment? | Yes | No |
| 2. Action: current service plan amended? | Yes | No |
| 3. Action: current service plan closed? | Yes | No |
| 4. Comment on how service user is managing direct payments (if appropriate) | | |

.....



Disability Service Community Care Assessment

SERVICE USER'S NAME:

DATE OF BIRTH:

RELIGION:

ETHNICITY / CULTURE:

ADDRESS AND TELEPHONE NUMBERS:

SOCIAL SERVICES ID NO:

NOTE OF COMMUNICATION / ACCESS REQUIREMENTS:

COMPLETED BY:

LIVES ALONE: Yes/No

DATE ASSESSMENT COMMENCED:

DATE FORM COMPLETED:

SOURCE OF REFERRAL:

DATE OF REFERRAL:

Important relationships (names, addresses, telephone numbers)

Summary of presenting situation as seen by service user (including current service provision where applicable)

Outcomes Assessment

Autonomy Outcomes

Access to all areas of home

Access to locality and wider environment

Communicative access

Financial security

Personal Comfort Outcomes

Personal hygiene

Safety

Security

Desired level of cleanliness of home

Emotional well-being

Physical health

Economic Participation Outcomes

Access to paid employment as desired

Access to training

Access to further / higher education to secure employment

Access to appropriate training for new skills (e.g. lip reading)

Social Participation Outcomes

Access to mainstream leisure activities

Access to support in parenting role

Access to support for personal relationships

Access to advocacy / peer-support

Citizenship

Summary of service user's desired outcomes (goals)	Smaller outcomes (sub-goals) to be met	Who will assist the service user to achieve each of these outcomes?	Degree of urgency * (rate 1,2 or 3)
1)	a) b) c)		

* 1 = High Priority, 2 = Medium Priority, 3 = Low Priority

Does the service user agree to assist in achieving these outcomes? Yes/No

Does the carer agree to assist in achieving these outcomes? Yes/No

Does the worker agree that these outcomes should be planned for? Yes/No

Is the carer eligible for separate assessment? Yes/No
Note arrangements to be made if so:

Specialist assessments required? Yes/No

Please attach relevant risk assessments

Summary of assessor

Who participated in this assessment (names and addresses)?

Signature of assessor

Derbyshire Social Services complies with the Data Protection Act 1998 and values the importance of your information and will safeguard it and keep it accurate. Wherever possible we obtain your consent before sharing your information so we can ensure you get the most appropriate care and support in the right circumstances.



Disability Service Outcomes Focused Care Plan

SERVICE USER'S NAME:

DATE OF BIRTH:

SOCIAL SERVICES ID NO:

DATE CARE PLAN AGREED:

COMPLETED BY:

DATE FOR REVIEW:

CARE PLAN CO-ORDINATOR:

CONTACT TELEPHONE NO:

Service user requires this care plan in (Braille, audio-tape, BSL video, community language – please specify):

Service user's signature:

Derbyshire Social Services complies with the Data Protection Act 1998 and values the importance of your information and will safeguard it and keep it accurate. Wherever possible we obtain your consent before sharing your information so we can ensure you get the most appropriate care and support in the right circumstances.

Outcomes are the end results, goals and achievements of service provision

OUTCOMES (goals) to be met	SMALLER OUTCOMES (sub-goals) to be met	FACS	WHAT will be done?	WHO will do it and BY WHEN	COST to the service user

Disability Service Outcomes Focused Care Plan Review

SERVICE USER'S NAME:

DATE OF BIRTH:

SOCIAL SERVICES ID NO:

DATE OF REVIEW:

COMPLETED BY:

CONTACT TEL NO:

SEE CARE PLAN DATED:

MEETING INVOLVED:

1. Is the service user still eligible for support / treatment? Yes/No
2. Action: current care plan amended? Yes/No
3. Action: current care plan closed? Yes/No
4. Comment on how service user is managing direct payments (if appropriate):

Derbyshire Social Services complies with the Data Protection Act 1998 and values the importance of your information and will safeguard it and keep it accurate. Wherever possible we obtain your consent before sharing your information so we can ensure you get the most appropriate care and support in the right circumstances.

OUTCOMES (goals) we said we would aim for	SMALLER OUTCOMES (sub- goals) we said we would aim for	Has this outcome been achieved? (Yes/No)	If 'no' what needs to be done now?	Action: who will do what and when?

Reassessment of desired outcomes (identifying new or unmet desired outcomes)*

*** NOTE: If several new desired outcomes are apparent, or substantial amendments are to be made to the care plan, a new outcomes focused single assessment care plan document should be used.**



Disability Service Outcomes Focused Personal Service Plan

SERVICE USER'S NAME:

DATE OF BIRTH:

SOCIAL SERVICES ID NO:

DATE FOR REVIEW:

COMPLETED BY:

CONTACT TELEPHONE NO:

DATE PERSONAL SERVICE PLAN AGREED:

Copies to:

This Personal Service Plan aims to meet your current needs. It will be regularly reviewed with you. If your needs change, the care you receive may need to change.

SIGNED: Service user

Worker

Derbyshire Social Services complies with the Data Protection Act 1998 and values the importance of your information and will safeguard it and keep it accurate. Wherever possible we obtain your consent before sharing your information so we can ensure you get the most appropriate care and support in the right circumstances.

OUTCOMES (goals) to be met	SMALLER OUTCOMES (sub- goals) to be met	WHAT will be done?	WHO will do it and BY WHEN?	COST to service user (this will only be detailed on second and file copy plan)

NB: Use a service programme if appropriate



Disability Service Outcomes Focused Personal Service Plan Review

SERVICE USER'S NAME:

DATE OF BIRTH:

SOCIAL SERVICES ID NO:

DATE OF REVIEW:

COMPLETED BY:

CONTACT TEL NO:

SEE PERSONAL SERVICE PLAN DATED:

MEETING INVOLVED:

1. Is the service user still eligible for support / treatment? Yes/No
2. Action: current care plan amended? Yes/No
3. Action: current care plan closed? Yes/No
4. Comment on how service user is managing direct payments (if appropriate):

Derbyshire Social Services complies with the Data Protection Act 1998 and values the importance of your information and will safeguard it and keep it accurate. Wherever possible we obtain your consent before sharing your information so we can ensure you get the most appropriate care and support in the right circumstances.

OUTCOMES (goals) we said we would aim for	SMALLER OUTCOMES (sub-goals) we said we would aim for	Has this outcome been achieved? (Yes/No)	If 'no' what needs to be done now?	Action: who will do what and when?

Reassessment of desired outcomes (identifying new or unmet desired outcomes)*

*** NOTE: If several new desired outcomes are apparent, or substantial amendments are to be made to the personal service plan, a new outcomes focused single assessment care plan document should be used.**

Appendix 6

Comparative Test Document Analysis Coding Descriptors

CATEGORY	DESCRIPTORS
Personal care and comfort	Personal hygiene, bathing, dressing, toileting, personal self care
Access in/around the home	Physical access within the home, access through doorways, access up/down stairs, access in/out rooms
Equipment/aids	Bathing equipment, domestic equipment/aids, communication aids, mobility equipment/aids
Transport	Disabled parking permits, bus passes, disabled passenger badge, vehicle adaptations, assistance with transport arrangements
Financial	Independent living allowance, disability living allowance, direct payments, maximisation of benefits, financial advice
Transfers	Transfers in/out bath or toilet; transfer bed-chair; bed transfers,
Physical health/well-being	Medication, diet and nutrition, physical pain, swallowing, weight control
Domestic/activities daily living	Practical tasks related to cooking and preparation of meals, shopping, washing, general cleanliness of home
Mobility	Mobility assistance in/outside the home, mobility training
Communication	Verbal and non-verbal communication e.g. writing, reading, difficulty with speech, difficulty taking part in conversations, difficulty using phone, difficulty hearing
Visual	Difficulties with eyesight, blindness, visual impairment
Cognitive	Short-term memory problems, confusion
Safety and security	Feeling safe and secure in/outside the home, fear of falling, to be able to call for help, keep doors secure
Housing/accommodation	Housing applications, housing referrals, housing transfers, residential care, housing modifications, maintenance of housing/accommodation, including garden maintenance
Carer issues*	Carer respite, carer assessments, general carer support
Employment/education/training	Formal education, paid and voluntary employment, training and skill development
Social/leisure/recreation	Social activities, social groups, support groups, vacations and holidays
Information/advice	Information or advice only given on a range of matters including equipment/aids, respite, care options
Care package/hours	Assessment and/or review of care package, employment of PA, support with morning or evening routines, support to remain at home, support staff
Parenting and relationships	Parenting role, relationships with partners, relationships with family and friends
Emotional well-being	Counselling, emotional support, problems with anxiety/panic, self-esteem
Independence	General statements – independence in/outside the home, independence in the community, independently living at home/in community
Referral other professionals	Medical, allied and nursing, care managers, community care workers
Legal	Liaison with courts or solicitors, liaison/advocacy immigration offices
Access community	General access to community opportunities and physical access in/around community
Citizenship	General statements of citizenship, including social and economic participation