Outcomes and assessment with older people

Many reports and policy documents on social care have urged the more explicit recording of intended outcomes. But many people find the concept unfamiliar and confusing. The project reported here was designed develop ways to support care managers in identifying intended outcomes for older people at assessment.

The adoption and ownership of outcome ideas was enhanced by working in partnership with social services to integrate outcome ideas, derived from research with stakeholders, with relevant practice issues in assessment.

The unfamiliarity of outcome thinking posed challenges for staff in separating outcomes from problems, needs and services. However this became easier with practice. Once the concept is demystified, staff can become confident in achieving clarity about intended outcomes, and can see it as valuable.

Care managers reported that the use of a new summary form and an outcomes prompt list: helped to focus the assessment; made the rationale for the support provided clearer; helped to put risks in context; and provided a more positive way to share the assessment with users than by focusing on 'needs'.

Managers and care managers believed that the new form made good practice more evident because it helped to make transparent the process of negotiation and information-giving, which led to the assessors' decisions about how to deploy agency resources.

Managers reported that establishing intended outcomes in this way provided a clearer link between assessment and the resulting care plan, and a basis for clear information to providers. It had the potential to provide information which could be aggregated.

Outcomes and assessment

Research and development by SPRU, with a local authority partner, has aimed, first, to establish a shared understanding of what is meant by outcomes of social care, and, second, to develop appropriate tools to support the introduction of a greater focus on outcomes into the assessment process for older people. The first stage involved consultations about outcomes with older people, carers, frontline staff, and managers in social care. The second stage built on the findings of the first, and attempted to find a locally suitable way of adapting the outcome ideas for use in assessment.

Findings

First stage consultations

Local managers considered that greater specificity about outcomes potentially would: make differences between good and less good practice more evident; clarify the basis for care planning decisions; improve skills of care managers working with older people: help to focus service effort; provide a basis for future reviews; feed usefully into computerised client information systems under development in the authority. Some possible barriers to implementation included: a reluctance to change procedures for assessment yet again; wariness about the concept of outcomes at the front line and about its applicability to social care practice; parallel time-consuming developments and changes in response to other local and national agendas; workload and existing demands for recording.

Staff who undertook assessments, while they recognised the legitimacy of demands for accountability, did not initially perceive a practical use for an outcome focus in assessment. They regarded individual situations as too varied, and often too complex, to clearly specify general outcomes to be sought. Assessment can involve the negotiation of complex and difficult paths through conflicting expectations and requirements, although the underlying aim for most social workers, as expressed in our initial focus groups, was around preserving individual autonomy in adverse circumstances:

> *"it's... to still have control of their life and make decisions for themselves and live their life as they see fit"*
> *(Care manager)*

Staff and managers both emphasised the limited extent to which they worked in a context where improvements in health and social functioning were the likely expectation. Therefore a model of outcomes which relied on an expectation of improvement over time would be inadequate to reflect much of the longer term work of social care services. Older people too, while there were improvements they sought, placed more emphasis on maintaining various aspects of their quality of life, and on the impacts of the ways in which services were delivered.

The views of all stakeholders were reflected in a framework which distinguished maintenance, change and process outcomes. In the subsequent development work this framework, at the request of staff, was used as a basis of a prompt list which staff could use to remind themselves of commonly sought outcomes.

The Development process

To take forward these ideas into practice, a working group was established which included SPRU researchers, care managers and middle managers with relevant responsibilities. The working group developed draft documentation to record a brief summary of assessment, to include both a summary of outcomes based on the framework derived from SPRU research, and ideas about good practice in assessment. The documentation and framework were discussed in two workshops/ training sessions with staff to explore their views on its potential usefulness in practice. In response, some changes were made to the summary document, and the checklist of outcomes was prepared for staff to use as a prompt list when recording the summary. A pilot implementation was conducted which involved 30 assessments. Twelve staff completed the assessment summaries and evaluative feedback forms.

R E S E A R C H

The Outcomes prompt list

'MAINTENANCE' OUTCOMES:
common outcomes and a possible standard for each

THE OLDER PERSON
Personally clean and comfortable
An older person is personally clean and comfortable, has a nutritious and varied diet, is presentable in appearance, and is in bed or up at appropriate times

In a clean and comfortable environment
The immediate environment is clean enough to avoid harm to health and prevent deterioration in morale.

Safe and Secure
The older person feels as safe and secure as they wish AND the worker is satisfied that the risk levels are acceptable or the client prefers to continue to accept the risks involved.

Having Company and Contact
The older person is able to access sufficient contact with significant others and opportunities for wider human contact and social participation (to avoid isolation).

Keeping active and alert
The person is able to pass their time in activities which interest and stimulate them, at home and outside the home (if wished).

Control over daily life
In so far as the person is able to express preferences, they feel that they have control over, and can plan, their daily life and routines. (Can also apply to carer).

THE CARER
Maintain health and well being
Negative impacts of caring on health and well-being minimised; able to have sufficient sleep, rest and exercise.

Able to have a life of their own
Can enjoy free time, leisure activities and/or is able to keep employment, friends or social/community links

Peace of Mind
The carer is free from excessive or persistent anxiety about the well-being of the person they care for.

CHANGE OUTCOMES: result from tackling barriers to achieving quality of life, or reducing risks

FAMILY AND CARER RELATED
Improving significant /close relationships
Enabling people to see each other's point of view, reducing tensions within relationships; mediating between conflicting interests.

Enhancing motivation or capacity to give care
Reducing distress or improving satisfaction in caring for carers, leading to caring being experienced as more manageable or rewarding.

Improving confidence and sense of expertise in care giving
Helping carers to make informed choices and feel confident and equipped to provide care; increasing knowledge and skills

Reducing carer involvement
Enabling carer to draw boundaries about what they will do, or to give up altogether.

CHANGE OUTCOMES (continued)

THE OLDER PERSON
Recovery or Rehabilitation outcomes
Regaining skills and capacities (for independent living)
Only an outcome of services if social care staff are working on specific activities which are designed to help people to re-acquire skills and capacities.

Improving confidence and morale
Regaining the confidence to deal positively with changed life circumstances, and/or personal and societal attitudes towards ill health and disability. (Could apply to carer)

Improving ability to get about
Become more able to get around freely within the home or outside. (Through provision of: equipment, adaptations, therapy, mobility training)

Reducing symptoms
Experiencing fewer symptoms, feeling less depressed or anxious, sleeping better, relating better to others. (May be a joint outcome of health and social care services).

Other examples
Reducing or eliminating risk of harm
Modifying the environment, averting homelessness, dealing with possible physical abuse or injury (risks kept at lower levels by continuing service input is maintaining personal safety).

Improving Communication
Improving communication between the person and others (through equipment, staff training, interpreters)

Maximising benefit income
Could be a one-off aim, but not a change outcome if managing finances on a continuing basis were involved.

PROCESS OUTCOMES: the results or impacts of the way in which the package of services is provided

Services 'fit' with (or support) other sources of assistance and life choices
'Good fit' with cultural and religious preferences
The person feels that services take account of preferences about relevant issues, such as the way in which domestic tasks are performed, expectations of family members, staff characteristics, language skills and the nature of appropriate food and activities.

'Good fit' with family and other assistance
The person feels that services are delivered in ways that fit in well with their ideas about proper roles for family members, and support choices about care giving and receiving.

Influence over services, and impact of interactions with staff
Having a say
The user or carer can, if they wish, influence tasks performed, timing or personnel involved, in order to achieve their desired outcomes

Feeling valued and treated with respect
The person feels accepted despite symptoms or difficulties. They feel treated: as someone with a legitimate right to services; as a fellow human being; as someone different from others, with individual needs; their privacy and confidentiality are respected

Supported in the caring role (Carer)
Feels that services offer appropriate help, emotional support, information and share responsibility for the quality of life of the older person.

The Assessment Summary

Assessment summary form – Headings

1 Summary of needs

2 Changes expected (relevant to future service delivery)

3 Agreed outcomes to plan for

4 How could these outcomes be achieved (specify options considered)

5 Specific preferences about how these outcomes are to be achieved or how services are to be provided:
  – Expressed by user
  – Expressed by carer(s)

6 Assessor's conclusions

The emphasis in the Assessment Summary on agreeing outcomes, discussing options, eliciting user priorities, and the assessor's responsibility for summarising conclusions, are evidently congruent with an "exchange" model of assessment in which the user is regarded as the expert on their own situation, the worker as an expert on available services and negotiating problem solutions, and the process of assessment is regarded as an exchange of information. The section on changes (subsequently re-named "looking to the future") reflects the usefulness of some consideration of whether needs for assistance are likely to increase or decrease, and when review might be needed. The assessment summary form thus provided space to record not only the agreed outcomes sought but also to summarise the complexities of the context, and the decision making process. It replaces a previous, open-ended "summary of needs" at the end of assessment.

Feedback from staff involved in trial implementation

Positive comments suggested that the summary: helped to focus the assessment; was experienced as a more positive document to share

with users (in contrast to a summary of "needs"); made the aims of support clearer; emphasised or reinforced user aims and preferences; and helped to produce a succinct statement of the path which an assessor might have to steer in balancing risks, or addressing conflicting views. Negative comments centred on the layout of the form and the structure of some of the questions and prompts; its doubtful applicability to simple single-service assessments; and the amount of thinking time needed to disentangle outcomes from services and needs. This last was thought to reduce with experience and practice. The form was revised in the light of comments, and the importance of prior training and briefing of staff was noted for future implementation. The department decided to implement the system in all assessments of older people.

Implications

Achieving a realistic way of conducting outcome focussed assessment routinely in the current social care context is not simply a matter of presenting staff with "tools" in the shape of forms to complete. There are lessons from the work reported here about the importance of involving staff in the development work, making efforts to overcome any scepticism and confusion, and drawing on their expertise to shape the eventual new activities or records. Resources and time are needed to make the culture shift to outcomes, and to involve staff appropriately. Whether the summary form will be useful in its present format, or requires adaptation for use in other authorities remains to be tested.

Further information

The following are available from SPRU's Information Office. Please contact Ruth Dowling on 01904 433608 or email **spruinfo@york.ac.uk** for further information.

The following *Research Works* summarise work undertaken by the Outcomes Programme:

Introducing an outcome focus into care management and user surveys

Outcomes and assessment with older people

Briefing home care staff about older people's individual needs

Learning from older community care clients

Implementing an outcomes approach to carer assessment and review

Evaluating the outcomes of social care using postal questionnaires

All *Research Works* are also published on SPRU's website:
http://www.york.ac.uk/inst/spru/

Recent work of the Outcomes Programme is reported in the *Outcomes in Community Care Practice Series.*

Number 7 *Outcomes in social care practice* edited by Hazel Qureshi, £17.50

The *Outcomes into Practice* Resource Pack by Elinor Nicholas, Hazel Qureshi and Claire Bamford will be published in November 2003

Please contact Ruth Dowling on 01904 433608 or email **spruinfo@york.ac.uk** for further information