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MEASURING PERSONAL SOCIAL SERVICES OUTCOMES: WORKING AGE DISABLED PEOPLE

Paper prepared to support research led by the Personal Social Services Research Unit on developing a methodology to understand and measure the outputs of personal social services

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Measuring Personal Social Services Outcomes: Working age disabled people

Aims of the paper

This paper examines how far the methodology proposed by Netten *et al*., to measure personal social services (PSS) productivity is appropriate for capturing PSS activities and their outcomes in relation to younger (working age) disabled people with predominantly physical and/or sensory impairments. The paper has the following aims:

- To identify any additional outcome domains that reflect the concerns and priorities of younger disabled people that are not reflected in the outcome domains derived from the PSSRU OPUS study.
- To compare the new amalgamated list of outcome domains with a 'profile of needs/ outcomes' and 'profile of interventions' derived from an examination of the activities undertaken with younger disabled people in one social services department during 2004 (Harris et al forthcoming). This comparison will enable us to identify the relative priorities attached to the various outcome domains by this user group.
- To discuss issues relating to social services activities and outcomes that are important to younger disabled people.

Identifying additional outcome domains that reflect the concerns and priorities of younger disabled people

A comparison of the PSS outcome domains proposed by Netten *et al*., for older people with the outcomes framework (see Appendix 1) developed by Harris *et al.* (forthcoming) shows five overlapping domains. These are:

Harris *et al.* (see Appendix 1)	**Netten *et al.***
Personal hygiene	Personal care/comfort
Safety	Safety
Security	Safety
Desired level of cleanliness of home	Environmental cleanliness and order
Access to support in parenting role	Role support

Outcome domains relevant to PSS activities with younger disabled people that are missing from Netten *et al's*. paper are as follows:

Table 1: Missing outcome domains for younger disabled people

Outcome domain	*Description*
Access to all areas of home	Mobility within home, gaining access to all rooms and garden safely
Access to locality + wider environment	Mobility outside the home, ramps, issues of access to public transport, public buildings and services
Communicative access	Provision of British Sign Language interpreters, Braille, large print, tape, talking books service
Financial security	Welfare rights, access to full benefit entitlements, financial decision making
Emotional well being	'Mental health' and welfare
Access to paid employment as desired	Self explanatory
Access to training	Self explanatory
Access to further/higher education to secure employment	Self explanatory
Access to appropriate training for new skills (e.g. lip reading)	Self explanatory
Access to mainstream leisure activities	Self explanatory
Access to support for personal relationships	Self explanatory
Access to advocacy/peer-support	Support from national and local organisations of disabled people (e.g. DCIL, Shaping Our Lives)
Citizenship	Access to opportunities to participate in local voluntary groups and activities

The above outcome domains were operationalised in the current DH project on Outcomes for Disabled Service Users in one social service department in England. The domains were found to cover all areas of life for disabled service users (aged 18-65) and to adequately reflect all the needs presented to the social services teams involved in the project during 2004.

Identifying the priorities attached to the different outcome domains

One way of assessing the relative priorities that should be attached to the different outcome domains is to examine the requests for assistance that were made by working age disabled people to one social services department participating in the SPRU Outcomes for Disabled Service Users study. Data on requests for social services support were extracted from the community care assessment documents used by the whole range of professionals involved with this user group (care managers, occupational therapists, community care workers, social workers, visual impairment workers). These requests were made during two time periods (January to June/July to December 2004). During the first ('before') time period (January to June), the needs that were recorded were those expressed by service users during their community care assessment. During the second (‘after’) time period (July to December) the recorded needs reflect the introduction of an outcomes-focused approach to assessment (Table 2).

Table 2: Percentge of service user needs/outcome statements categorised for the ‘before’ and ‘after’ periods

Category	*Statements of need/outcome (%)*	
	‘Before’ (n=557)	*‘After’ (n=465)*
Personal care and comfort	15.1	18.7
Access in/around the home	14.0	20.0
Equipment/aids	7.4	3.2
Transport	3.6	0.4
Financial	4.7	5.2
Transfers	8.6	10.3
Physical health/well-being	5.6	2.1
Domestic/activities daily living	9.3	5.4
Mobility	2.1	0.6
Communication	9.2	5.4
Visual	4.3	
Cognitive	0.7	
Safety and security	0.7	1.9
Housing/accommodation	2.3	1.7
Carer issues*	2.7	0.4
Employment/education/training	0.9	4.1
Social/leisure/recreation	2.3	6.4
Information/advice	0.9	0.9
Care package/hours	1.6	1.3
Parenting and relationships	0.9	1.3
Emotional well-being	0.3	1.5
Independence	0.9	7.1
Referral other professionals	0.7	
Legal	0.2	
Access community	0.9	1.7
Citizenship		0.2

Table 2 clearly shows that ‘personal care and comfort’ made up a significant proportion of the requests in both periods. However, it is also striking that this comprises only 15.1per cent and 18.7 per cent of all the recorded requests, reflecting the wide range of other requests for assistance that were received. ‘Access in and around the home’ totalled 14 per cent and 20 per cent of requests, demonstrating that this is also a core element of involvement. The other domains that comprised more than five per cent of requests were ’domestic/activities of daily living (9.3 per cent and 5.4 per cent); ‘communication’ (9.2 per cent and 5.4 per cent); ‘transfers’ (8.6 per cent and 10.3 per cent); ‘equipment/aids’ (7.4 per cent and 3.2 per cent); and ‘physical health/well-being (5.6 per cent and 2.1 per cent). Between the two time periods, during which an outcomes-focused approach was introduced, there was an increase in requests for assistance with ‘social leisure/recreation’ activities (from 2.3 per cent to 6.4 per cent); and requests relating to ‘independence’ (from 0.9 per cent to 7.1 per cent). The latter two increases are an expected part of introduction of the outcomes focus, demonstrating that when disabled people are given the opportunity, these are key areas for requested input from social services.

Table 3 shows the interventions that the social services department undertook in response to the needs/outcome requests, during the same time periods. Activities relating to the supply of ‘equipment/aids’ accounted for 41.3 per cent and 36.9 per cent respectively of all activities - the largest area of intervention by far. ‘Financial referral/application’ (which refers to benefits advice and welfare rights work) accounted for 8.5 per cent and 7.4 per cent of activities/interventions and ‘general support’ (support and monitoring) totalled 7.8 per cent and 6.1 per cent of activities. The rest of Table 3 shows a huge diversity in activity – in the ‘before’ time period alone the total for all other activities is 42.3 per cent. This demonstrates support for the ‘brokerage’ criteria discussed at the meeting as it represents the work social services undertakes in redirecting service users to other services and professionals.

Table 3: Social services interventions during the 'before' and 'after' periods

Category	*Social services interventions (%) categorised*	
	'Before' (n=624)	*'After' (n=765)*
Equipment/aids	41.3	36.9
Housing/accommodation	4.6	14.8
Financial referral/application	8.5	7.4
Referral/liaise council	0.5	1.0
Respite	1.4	0.3
Care package/hours	4.5	5.1
Moving/handling plan	0.5	0.3
Risk/handling assessment		1.2
Information/advice	5.1	3.8
Review	3.4	1.0
Monitor	2.4	0.8
Referral allied professional	1.8	4.8
Referral nursing/domiciliary service	1.3	1.6
Referral architect	2.4	0.6
Referral medical professional	0.6	0.9
Referral SI professional services	0.6	0.4
Referral visual impairments services	3.0	0.4
Referral domestic/activities daily living	1.0	0.9
Referral welfare rights	0.2	0.3
Referral day/resource centre	0.2	2.1
Referral mobility training/services		0.8
Referral one-one support services		1.4
Referral personal development course		0.6
Transport	3.8	0.9
Legal	0.5	
General support	7.8	6.1
Employment/education/training		2.0
Social/leisure/recreation	0.5	2.7
Emotional/support/counselling	0.8	0.1
Family/carer	0.5	0.1
Not eligible	2.7	0.5

Issues relating to social services activities and outcomes that are important to younger disabled people

In general, younger disabled people are assumed by service providers to have higher aspirations than older people, reflecting their different positions in the life course. Social services therefore aim to provide more than the satisfaction of basic life functions (nutrition, ablution etc.) Therefore (as Table 3 shows), activities such as facilitating access to employment, training for work or new skills, leisure and sports and support with parenting are all key areas that should be included as PSS outcome domains.

In addition, the philosophy underpinning service assessment and provision also tends to be different. Work with younger disabled people that is undertaken in a purely functional manner, reflecting a narrow concern with activities of daily living, is likely to meet with severe criticism. Issues of language and terminology are crucial in conveying, and reflecting, these differences in perspective. In general, any service that is described as aiming to improve access (to anything) would be better received by younger disabled people than a description that is purely functional. Particularly disliked is terminology that implies the disabled person is incapable and dysfunctional (such as ‘toileting’, feeding), or that is underpinned by a deficit approach. Terms such as ‘dependency’ are similarly unacceptable. The term ‘mental stimulation’ in Netten’s paper (p6) is likely to be viewed in a similar fashion. It will be important that the documentation for any work on the productivity of social services with younger (and older) disabled people appropriately reflects their aspirations.

Conclusions

In summary, five outcome domains were identified that were common to both the outcomes identified from research with younger disabled people and those proposed for older people. However, domains that are important for younger disabled people that are not reflected in the OPUS-derived older peoples’ outcome domains include:

- access to all areas of the home;
- access to the locality and wider environment;
- support for communication;
- financial security;
- emotional well being;
- access to paid employment as desired and to training and further/higher education to facilitate employment and the wider acquisition of new skills;
- access to mainstream leisure activities;
- access to support for personal relationships, including parenting relationships;
- access to advocacy/peer support and citizenship.

Ideally, all these outcome domains should be included, although some could be amalgamated for the purposes of the exercise (e.g. ‘access to employment, training, education’). The data gathered as part of the SPRU Outcomes project (Table 2) shows the breadth of requests that younger disabled people make to social services. There is a clear prioritisation of assistance with personal care and comfort, access in and around the home, domestic/activities of daily living, communication, transfers, equipment/aids, physical health/well-being, social leisure/recreation and independence. These are clearly the priority areas for service users. Reflection upon Table 3, which shows the areas of intervention that social services took action on in the same time period, shows that ‘equipment/aids’ is an area of overlap. One supplementary domain reflecting social services intervention was ‘general support’, with a final domain ‘financial referral/ application’ that can be incorporated into ‘brokerage’. The rest of the intervention profile shows a huge diversity in activity - in the ‘before’ time period alone the total for all other activities is 42.3 per cent. This demonstrates support for the inclusion of a ‘brokerage’ criterion, as it represents the work social services undertake in redirecting service users to other services and professionals.

Should the domains included in the outcomes framework developed for the SPRU project (Appendix 1) be considered too broad to be practicable, then the most important extra domains for younger disabled people are:

- equipment/aids;
- domestic/activities of daily living;
- communication;
- transfers;
- physical health/well being;
- social leisure/recreation;
- independence;
- general support/monitoring;
- brokerage.

Finally, terminology should ideally reflect younger disabled people’s aspirations. Alternatives to the terms ‘dependency’ and ‘mental stimulation’ should be sought. ‘Reliance’ might be more acceptable than ‘dependency’ as it does not contain connotation of ‘burden’. ‘Mental stimulation’ is harder to find a less stigmatising alternative for other than ‘personal interests/hobbies’.

References

Bamford,C., Vernon, A., Nicholas, E. and Qureshi, H. (1999) *Outcomes of Social Care for Disabled People and Their Carers*, Outcomes in Community Care Practice, Number 6, Social Policy Research Unit, University of York.

Harris, *et al*. (forthcoming 2005) *Outcomes for Disabled Service Users*, final report, Social Policy Research Unit, University of York.

Appendix 1

DERBYSHIRE
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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 ☐
Telephone number	
Note of communication / access requirements	

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

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	
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	

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 1,2or 3)

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

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 1,2or 3)

Does the service user agree to assist in achieving these outcomes?

Does the carer agree to assist in achieving these outcomes?

Does the worker agree that these outcomes should be planned for?

PLEASE ATTACH RELEVANT RISK ASSESSMENTS

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
Specialist Assessments Required
Signature of assessor