

Outcomes-focused social care services for older people – progress and possibilities

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RESEARCH FINDINGS FROM THE
SOCIAL POLICY RESEARCH UNIT

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THE UNIVERSITY *of* York

NOVEMBER 2006
no.2006-03

Since 1995, SPRU's Department of Health-funded research programme has investigated the outcomes desired by users of social care services. Outcomes-focused services are now central to government policies. In 2005, SPRU was invited by the Social Care Institute for Excellence (SCIE) to review:

- Research on the outcomes valued by older people
- Progress in developing outcomes-focused services for older people in England and Wales.

Key findings

- The outcomes valued by older people fall into three clusters relating to change and improvement; maintenance and prevention; and the processes of obtaining and receiving services.
- Research shows that assessment, care management, commissioning and contracting arrangements can all impact on the delivery of outcomes-focused services. Provider capacity and management policies can also hinder outcomes-focused services.
- Across England and Wales, outcomes-focused developments include a range of activities (commissioning, contracting, assessment and care planning) and services for older people (intermediate care/reablement, home care, day care and residential services). Most developments appear to be relatively recent.
- Case studies in selected localities show significant developments in intermediate care and reablement services focused on change outcomes; close attention to process outcomes is also key to the success of these services. New maintenance and prevention-oriented services are being commissioned from community and voluntary organisations.
- Some localities are changing contracting arrangements with home care providers so that services can be more responsive to users' desired maintenance and prevention outcomes. However more research is needed into the effectiveness and cost-effectiveness of these arrangements.
- National policies, such as the older people's National Service Framework and the Green Paper on adult social care, have helped the development of outcomes-focused services. However the needs-based Single Assessment Process appears to be a barrier to outcomes-focused assessments.
- Outcomes-oriented approaches appear to be fragmented, with pockets of strong outcomes-focused approaches in specific services. A more holistic approach is required, particularly to ensure that outcomes falling outside the current remit of social care services are not neglected.

Background

From 1995 to 2005, SPRU's Department of Health-funded research programme investigated the outcomes desired by users of social care services; and developed and tested ways of making services more responsive to outcomes. A Network of health and social services managers interested in outcomes-focused services supported this work and helped develop a Resource Pack for outcomes-focused training and development.

The drive towards outcomes-focused services has subsequently increased. The 2005 Green Paper *Independence, Well-being and Choice* proposed clear outcomes for users of social care (Box 1).

In 2005 SPRU was invited by the Social Care Institute for Excellence (SCIE) to undertake a Knowledge Review of outcomes-focused services for older people. This provided an opportunity to examine outcomes-focused services in a national context.

Findings

Outcomes valued by older people

Research has consistently found that the outcomes valued by older people are similar to those identified in the Green Paper (Box 1). These fall into three categories (Box 2).

However, there is relatively little evidence on the outcomes valued by different groups of older people such as those from minority ethnic communities or with particular disabling conditions.

The extent and nature of outcomes-focused social care services for older people

Over 70 examples of outcomes-focused services for older people were identified across England and Wales. Social services departments were generally the sole or lead agency; the most common partners were primary care trusts and private sector providers. Most initiatives were currently being planned, piloted or 'rolled out'; only 17 per cent had been established for up to three years and only 13 per cent for three-plus years. Initiatives were most likely to involve services for older people living at home and/or following hospital discharge, and least likely to involve older people in residential care.

Developments included outcomes-focused approaches to assessment, care planning and review; changing existing services and commissioning new ones; and introducing new monitoring arrangements to see how far services meet user outcomes. Only moderate levels of user involvement in planning these initiatives were reported.

Because so many initiatives were at an early stage, respondents were often unable to judge their success; those who were able generally judged them as partly or fully successful. Respondents also identified factors that had helped and hindered progress in developing outcomes-focused approaches (*see below*).

Case study examples

Six localities were identified where outcomes focused approaches were well-established. Services where most progress had been made were examined through interviews with managers, practitioners and service users.

Case study examples: outcomes-focused activities

Commissioning for change outcomes: New intermediate care and reablement services had been developed in most of the case study sites. These were often commissioned and operated jointly with NHS partners; some localities had also restructured their in-house home care services to offer short-term reablement interventions to all new referrals. One site had developed outcomes-based contract specifications for assessment and rehabilitation services in residential and extra-care housing settings.

These services focused primarily on change outcomes, aiming to improve older people's abilities to manage at home. Desired outcomes, like doing housework, shopping or resuming valued social activities were identified during

Box 1

Independence, Well-being and Choice – social care outcomes

- Improved physical and mental health and support in managing long-term conditions
- Improved quality of life, including access to universal services and safety and security inside and outside the home
- Making a positive contribution to the local community
- Being able to exercise choice and control
- Freedom from discrimination and harassment
- Economic well-being, taking account of social activities and special needs
- Personal dignity, including comfort and cleanliness.

Box 2

Outcomes valued by older people

- **Change outcomes:** improvements in symptoms, physical functioning and morale.
- **Maintenance and prevention outcomes:** meeting physical needs; ensuring personal safety; having a clean and tidy home; keeping alert and active; having social contact and company; having control over daily routines.
- **Service process outcomes:** the ways that services are accessed and delivered, including feeling respected and treated as an individual; having a say and control over services; good value for money and compatibility with other sources of help; respect for religious and cultural preferences.

assessments and rehabilitation assistants worked with older people towards achieving these. Rebuilding confidence and morale, especially after illness or surgery, was as important as achieving improvements in physical functioning.

Commissioning for maintenance outcomes – new contracts with independent providers: Research suggests that commissioning and contracting arrangements can impede outcomes-focused services, particularly home care. In three sites, new contracts with independent home care agencies had been introduced to facilitate more flexible responses to users' preferences and changing circumstances. Changes included:

- ▼ Establishing geographical 'zones' for each provider organisation, thereby reducing staff travel time and improving continuity in staff-user relationships.
- ▼ Estimating workloads and payments in advance, with providers billing in arrears for actual time spent.
- ▼ Building into contracts spare time for providers to use flexibly to meet additional requests (e.g. for housework or outings) free of charge to users.

Only one such initiative had been evaluated. Higher levels of user satisfaction and increased job satisfaction by front-line staff were reported; very few care packages had exceeded their original budget.

These changes transferred power and responsibility from purchasers to providers and users. They therefore required high levels of trust, open communication channels and appropriate performance and financial management systems.

Commissioning for maintenance outcomes – preventive services: Two sites had begun to commission low level preventive services from Age Concern and other voluntary organisations. These services included shopping, home visiting and social activities. In one locality, community development approaches were being promoted to strengthen the roles of local neighbourhoods and community organisations in supporting older people. One locality planned to seek EU funding to employ older people themselves to provide low level support to other older people.

Assessment, care planning and review: Developments in assessment, care planning and review were apparent in several case study sites. However, all sites had found outcomes-focused approaches incompatible with the standard tools used in the new needs-based Single Assessment Process (SAP). Some sites had therefore incorporated desired outcomes into their care planning documents; these could also form the basis of reviews.

Case study examples: outcomes-focused services

Intermediate care and reablement services: These services reflected greatest progress in establishing outcomes-focused services. They employed a holistic approach, tailored to meet individual goals. Standard tools were often used to measure progress towards these goals. Older people reported major improvements in physical functioning and morale: *'I wouldn't be where I am now – mobile and with confidence – without it!'*

Day services: Day services focused particularly on process outcomes. They offered a wide choice of activities, or identified individual interests and linked users to staff with similar interests. Service users were able to choose what activities they participated in – *'there's something for everyone'* – and were encouraged to suggest changes to the operation of the day centre.

Residential care: Process and maintenance outcomes were emphasised in one locality where a quality development scheme for nursing and residential homes encouraged individualised service user plans and aimed to maximise choice, control and independence. *'They make you feel good ... like one of the family.'*

Factors helping and hindering outcomes-focused approaches

The following factors were identified:

Helping outcomes-focused approaches:

- ▼ National policies such as the older people's National Service Framework and the adult social care Green Paper.
- ▼ Local vision, leadership and investment in change management, including staff induction and training.
- ▼ Whole-systems approaches that secured access to resources and skills outside the traditional remit of social care.

Hindering outcomes-focused approaches:

- ▼ Single Assessment Process.
- ▼ Resource constraints.
- ▼ User and carer attitudes.
- ▼ Staff culture and attitudes at all levels.

The role of external inspection regimes in encouraging outcomes-focused approaches was ambiguous. In respect of residential care, new inspection regimes were thought to have encouraged outcomes-focused approaches. However, other performance indicators that did not reflect outcomes-focused approaches were reported to create barriers.

Discussion and implications

The study found many examples of outcome-focused services, but these were often fragmented. Targeted funding and performance indicators relating to hospital admission and discharge appeared to have prompted the development of intermediate care and reablement services focused primarily on change outcomes. However interviewees in some case study sites reported a significant disjunction between these and the capacity of independent home care services to deliver maintenance and process outcomes on a long-term basis. The research review identified aspects of home care commissioning and contracting arrangements that could impede outcomes-focused approaches; some sites had tried to address these through new collaborative relationships with independent providers.

Some of the outcomes identified by research with older people are outside the current scope of social care services. Partnerships with other statutory and voluntary agencies are therefore necessary to deliver outcomes

such as keeping alert and active, participating in social networks and other preventive services. In some of the case study sites, new low level maintenance and prevention services, often in partnership with voluntary and community organisations, were being developed to address maintenance outcomes such as social participation.

The study revealed that the language of 'outcomes' can be subject to multiple interpretations. 'Outcomes' are most readily understood in the context of intermediate care and reablement services; there is therefore a risk that 'outcomes' become equated with 'change outcomes', with longer-term maintenance and prevention objectives, and groups of older people such as those with dementia, being marginalised. A range of terms like 'flexible', 'person-centred' and 'responsive' may be appropriate. Because of these terminology issues, the study may not have captured the full range of activities and services currently being developed in response to the Green Paper on adult social care.

Methods

The study had three components:

- ▶ A review of recent research into the outcomes valued by older people and the factors helping and hindering achievement of desired outcomes
- ▶ A postal survey of service managers, trainers and service providers in England and Wales known from SPRU's previous outcomes work to be interested in outcomes-focused approaches in social care. Following careful screening, 222 people thought to be working specifically on older people's services were identified for the postal survey.
- ▶ Case studies were undertaken in six localities, selected from postal survey respondents to reflect a range of established outcomes-focused activities and services. In all, 82 managers and front-line staff took part in interviews or focus groups, as did 71 service users.

The study was supported by an Advisory Group of older people which met three times during the project.

Further information

The study was jointly funded by the Department of Health, as part of its programme grant to SPRU, and SCIE, and was carried out by SPRU and ActonShapiro www.actonshapiro.co.uk

This publication should be cited as: Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L. (2006) Outcomes-focused social care services for older people – progress and possibilities, *Research Works*, 2006-03, Social Policy Research Unit, University of York, York.

A full report will be published by SCIE in November 2006.: Glendinning, C., Clarke, S., Hare, P., Kotchetkova, I., Maddison, J. and Newbronner, L. (2006) *Knowledge Review of Outcomes-Focused Services for Older People*.

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