# Introducing an outcome focus into care management and user surveys

RESEARCH works

RESEARCH FINDINGS FROM THE
SOCIAL POLICY RESEARCH UNIT

SPRU

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Social services departments have been criticised for lack of attention to outcomes in case recording, collection of user feedback and use of management information. There are recognised conceptual and practical difficulties which hinder progress. Consultation with a range of stakeholders led to the development of a common framework for understanding outcomes of social care. In partnership with local authorities, SPRU then developed and tested a number of practical ways in which social services might increase their focus on outcomes. These projects illustrate practical ways to:

- Support care managers in summarising and recording intended outcomes for older people as part of assessment.
- Brief front-line home care providers about intended outcomes, user preferences and required actions.
- Use an outcome focus, and research-based structured tools to improve practice and recording during assessment and review with carers.
- Develop a feedback survey of users of equipment and adaptations, including questions about outcomes.
- Organise and run a programme of "customer visits" to enable senior managers to see first hand the outcomes of services and discuss them directly with service users.

These projects have indicated that outcome ideas and concepts can be incorporated in routine practice and in ways of collecting user feedback.

Some of the barriers to implementation persist: for example the need to find resources needed for training, briefing, analysis and reporting, and the concurrent demands of the pace of other changes in policy and practice.

## Background

Recent reports from the Department of Health Social Care Group have commented critically on the limited extent to which outcomes are currently recorded in case records, communicated to providers, reviewed in practice, or investigated by asking users. A range of barriers to a greater focus on outcomes has been identified including: conceptual problems; lack of fit with professional and organisational culture; inadequate IT systems; and the pace and demands of other changes.

The SPRU *outcomes programme* involved research and development designed to address some of these barriers. The first stage aimed to clarify concepts, and identify opportunities to incorporate a greater outcome focus in routine or regular agency activities. The stakeholders involved were older service users, disabled people of working age with physical or sensory impairments, carers, care manager/social workers, home care staff, occupational therapists, middle and senior managers. Two key questions were explored:

- What are the desired outcomes of social care?
- How could agencies collect and use information about the outcomes they are achieving?

Subsequently, the second stage comprised several research and development projects in which a selection of possibilities identified during stage one were tried out in practice with local authority partners. The aims were to develop tools or procedures which were useful locally and might be applicable elsewhere, and to discover the barriers and facilitators which affected the process of development.

## Findings

### A conceptual framework for social care outcomes

The first stage of this programme produced a clear conceptual framework for understanding the outcomes of social care. From our consultations we identified three different kinds of outcome which social care services were aiming to achieve, shown in Box 1.

There was considerable commonality in the dimensions of ***quality of life*** identified by older and younger disabled people. Where there were differences, these largely reflected differences in life cycle expectations, for example younger people identified access to employment and active involvement in parenting as important, whereas older disabled people did not. A department could assess whether an acceptable quality of life is being maintained by specifying their target standards and comparing the person's actual state with the desired standard.

**Box 1**

**The Outcomes Framework**

- **Maintenance** of quality of life – for example maintaining acceptable levels of personal comfort and safety, social contact, meaningful activity, participation in normally accepted social roles, control over daily life and routines.
- **Change** – for example improving confidence, or accessibility of the environment, reducing risk, improving means of communication, or regaining self care skills.
- **Impacts of Service Process** – for example whether people feel teated as an individual, valued and respected, or whether services fit well with other sources of assistance, or the users preferences and priority outcomes.

***Change*** outcomes, in contrast, reflect attempts to tackle problems or remove barriers which stand in the way of achieving desired levels of quality of life. The achievement of change outcomes has to be measured or assessed by looking at differences between two or more points in time, and by comparing achieved changes with those expected or anticipated when services were provided.

***Service process outcomes*** are produced by two main inputs: the interactions and relationships between staff and service users; and the organisational logistics which permit, or do not permit, flexibility in forms and times of service delivery. These outcomes have to be continuously achieved, and can be assessed after, or during, the delivery of services.

#### *User preferences about feedback*

Service users proved willing and able to give us their perspectives on the merits and demerits of different methods of data collection. Attitudes varied depending to some extent on previous experiences. There was concern that written questionnaires might exclude some groups. However it became clear that the key issue for users in thinking about their feedback was not the method themselves but *who was going to see the information* and *whether they were in a position to act on it*.

### Incorporating outcome ideas in practice

#### *The development projects*

Five different possibilities were selected for development on the grounds that they were potentially feasible in the current policy and practice context. Three projects concerned changes to care management *(Box 2)*, and two involved separate collection of outcome information directly from service users or carers *(Box 3)*.

**Box 2**

**Outcome focus in care management**

- Assessment summary project: summarising intended outcomes for older people
- Briefing sheet project: to remind home care providers of intended outcomes and user preferences
- Outcomes for carers project: developing and testing a research-based focus on outcomes for carers in assessment, care planning and review

**Box 3**

**Collection of user feedback**

- A programme of 'customer visits' in which senior and middle managers interviewed a sample of social services older service users, using an outcome-focused schedule.
- Survey of service users and carers: a rolling postal survey of adult users of an occupational therapy assessment, equipment and adaptations service.

## Findings of the development projects

There are separate issues of *Research Works* which describe each project more fully and give more details of the processes of collaborative development which gave rise to locally appropriate tools and procedures. Brief findings are given below:

In the ***assessment summary*** project, a short summary form was developed integrating consideration of intended outcomes with ideas about good practice in assessment. The summary requires information to be recorded on: anticipated changes (in the person's condition or situation) which might affect service delivery; agreed outcomes to plan for; options considered for achieving outcomes; user and carer preferences or priorities in relation to service delivery; and assessor's conclusions. The outcomes framework, at the request of staff, was embodied in a prompt list which could assist them in completing the outcomes section of the form. Assessors reported that the use of the outcomes framework and the new summary form: 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 welcomed the clarity achieved, which they considered would aid performance management, and saw potential value in aggregating the information recorded.

The ***briefing sheet*** communicates individual priorities, special requests or needs, changes to work for or watch for, and intended outcomes of services to home care staff. Home care assistants found it helpful, particularly for new staff, night staff, those who had been away for a while, and for users who had larger numbers of staff assisting them. The process of eliciting priorities proved able to uncover preferences which had not been previously articulated. Clarity about outcomes helped to inform staff activity, for example older people could be prompted about physiotherapy exercises. Different home care teams varied in the extent to which they proved able to act on quality-related preferences. Potentially the briefing sheet could feed into provider reviews, and the principle of a briefing sheet can be extended to providers other than home care.

The ***outcomes for carers*** project developed an approach to carer assessment and review, involving tools based on research, both by SPRU and by others, and supported by a carers' reference group. This outcome-focused way of working was welcomed by staff and managers involved, and was seen as a significant culture shift with benefits both for users and carers. For example carers felt recognised, 'listened to', and were enabled to reflect on their needs; care plans were often targeted more effectively towards individual outcomes, priorities and preferences. Although an improvement, the more distinct and systematic focus on carers was more time-consuming and resource intensive than existing practice. Trigger questions were developed to help decide when more intensive work should be pursued. The potential for collecting aggregate information about outcomes for carers was also demonstrated.

Feedback from staff involved in ***'customer visits'*** revealed an enthusiasm for the process, particularly the direct contact with service users who received intensive assistance, and who were generally absent from formal events involving public participation. Managers were inspired by some of the users they met, and reminded of some of the achievements of services which could be obscured by dealing mostly with those who were dissatisfied. All those managers who had taken part expressed an interest in continuing to do so. There was less certainty about the changes likely to result from the exercise. Some users had experienced consequent changes, and some managers had acted on their own initiative to tackle more general problems which had become visible. However, the extent of influence on the wider organisation cannot yet be judged. Factors which may reduce the potential of the method are the temptation to devolve the work to less senior managers, and the need to find the resources required for analysis and reporting on the results.

The *survey of users* of an occupational therapy assessment, equipment and adaptations service, demonstrated that users, carers and staff could work together to design outcome-related questionnaires, although not entirely without tensions. Safety, ease and comfort proved to be important dimensions, as well as more general quality of life. Response rates to the survey were good (over 70%). Over half of respondents who had received substantial assistance reported that the service had improved their quality of life. However a further third indicated that, while there had been no improvement, the service had prevented their quality of life from getting any worse, thus indicating that 'preventing deterioration' can be an achievement which should not be missed. The results of the survey were perceived to be useful by staff, and the local intention is to continue to seek opinions using slightly revised instrumentation. Scope for interpretation of the data was restricted by the limited amount of information about individuals held in computerised records, meaning that links could not easily be made with information from assessment and care plans. This is a common difficulty.

## Implications

In our view these projects offer illustrations of effective means to negotiate, record and communicate intended outcomes for older service users and carers. In the current context, where it is increasingly important to seek user and carer views, and to act on them, the projects involving separate collection of information illustrate a practical way to expose managers to a systematic 'holistic' user perspective on outcomes of services, and also give an indication of one way to improve on user satisfaction surveys, by including a jointly developed outcome focus. However the implementation of each of these projects involves costs, either for staff briefing and training, which is essential for culture change, or for data processing and analysis. There is no method for collecting outcome information that is free from costs.

## Methods

In the research stage the programme employed "deliberative" methods which allowed participants opportunities for reflection and exchange of information. Qualitative data was obtained from focus groups which usually met on more than one occasion, and from individual interviews. Vignettes or case descriptions were used to facilitate discussion. Groups were convened from those attending services where these were in group settings. Groups of home care users were selected randomly from charging records, stratified by low and high levels of home care. Separate group discussions were conducted in ethnic minority languages, British Sign Language, and using lip-speakers. Specialist techniques were used for work with people who experienced dementia. Groups and interviews were taped, transcribed and analysed using computer-assisted software. Numbers involved were: older service users 88; users of working age 39; carers 30; staff and managers 91. In the second stage the development process was recorded and analysed using field notes, tapes, minutes of meetings, feedback questionnaires and follow up interviews with participants using independent interviewers.

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## 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

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