Government policy has called for improved assessment and support to carers, a clearer focus on service outcomes and better information to show effectiveness. This project, centred on carers of older people, developed and tested an outcomes-focused approach to assessment and review, aiming to integrate models of ‘best practice’ with routine collection of evidence on the impact of services. The key findings were:

- A conceptual framework and tools based on carers’ views of valued outcomes were useful to practitioners and carers in exploring desired and actual impacts of services.

- Most practitioners considered an outcomes-focused approach, including a more detailed exploration of the carer’s perspective, enhanced their understanding of carers’ circumstances and aspirations. In their view, this led to improved care planning and more creative care packages.

- Many carers felt valued as a result of the assessment and review process. They varied in how they chose to participate and what help was needed. This highlighted the importance of professional judgement in ensuring a flexible, individualised approach in facilitating carers’ involvement.

- Gaining carers’ views about desired and actual outcomes often required more time than was usually available. This raised issues about resources for carer assessment and review and the need to target these effectively.

- Outcomes information collated from a small sample of assessment and review records was considered by staff to be potentially useful to inform service development. Further testing would be required to demonstrate this on a larger scale.
Background
Previous studies have looked at the strengths and weaknesses in arrangements for care management and practice in carer assessment; or have explored the nature and complexities of care-giving. Earlier research has also highlighted significant obstacles to collecting and using outcomes information in practice. This development project aimed to find a practical approach to address some of the issues raised.

Through the National Strategy for Carers and the Carers and Disabled Children Act the government aims to enhance carers’ rights to assessment and services in order to promote carers’ health and well-being and give them more choice and control over their lives. Best Value requires that local authorities find ways of ensuring that services make a difference where it matters most to carers (and service users), and are able to demonstrate this.

The project aims
The project was designed to develop and test tools for carer assessment and review, to:

- promote an outcomes focus in practice
- enable information about outcomes to be collected as part of routine practice

Findings
The outcomes framework and tools
A range of practice tools underpinned by a clear conceptual framework were perceived as useful by stakeholders (carers, practitioners and managers) in achieving an outcomes focus in carer assessment and review. The tools encouraged specific consideration of outcomes at key stages of care management. The various self-completion questionnaires (outlined below), were used flexibly in assessment and review to engage carers in discussion about outcomes. A brief summary form recording conclusions from the assessment was also introduced. These supplemented rather than replaced usual documentation.

A clear conceptual framework
Finding a common language was an important starting point for this project. From earlier focus groups with carers, four distinct but interrelated dimensions of outcomes emerged as significant (see Figure 1). This framework underpinned the practice tools used in the project, and seemed meaningful to carers and assessors (see Figure 2).

Identifying and agreeing outcomes to be aimed for
A Carer’s Needs form was designed for the project. This was seen as a useful introductory tool, for example on first contact with carers, or where carers do not wish for a detailed assessment. It enabled carers to reflect on their situation and identity their key concerns and desired outcomes. Carers’ responses could help to indicate whether a more detailed assessment would be beneficial.

Existing tools developed by Nolan et al, (1998), The Carers’ Indices, were found to be beneficial for many carers in assisting a more in depth discussion about desired outcomes, although not without some challenges. These Indices are three research based questionnaires, each with up to 36 statements for rating by carers, to elicit their perceptions of difficulties, satisfactions in caring and preferred management strategies. These may be used singly or in combination. They may be used without the Carer’s Needs form if a carer is willing and a good rapport has been established.

Recording intended outcomes
A brief ‘Summary of Carer’s Outcomes and Needs’ – a single page within the older person’s assessment form – was developed. Most assessors found this helpful to analyse information gathered, pinpoint the carer’s desired outcomes, priorities and preferences and summarise these in writing.

This summary formed a basis for care planning, a reference point for reviews and offered a source of aggregated information which was useful in interpreting carers’ feedback about outcomes achieved.

Reviewing outcomes directly with carers
A Carer’s Feedback form was designed to enable carers to give their views on the impact of services as part of the review process. Fifteen carers tested this form and found it easy to use. Staff observed that it further validated the carer’s perspective, often eliciting new and useful insights about the value of services, leading to clarification of needs and adjustments to care packages. This was the second main source of aggregated information.

Figure 1 OUTCOMES FRAMEWORK

A. Quality of Life for the Older Person
e.g.
- Personally clean and comfortable
- As independent as possible
- Feel safe and secure
- Social contact apart from carer
- Positive morale

B. Quality of Life for the Carer
e.g.
- As fit and healthy as possible
- Positive emotional & mental health
- A life of their own (able to work if they choose, pursue interests, etc)
- Not isolated
- Material security

C. Managing the Caring Role
e.g.
- Acceptable limits to caring role
- Feel skilled, informed and confident in caring
- A sense of satisfaction in caring
- A sense of shared responsibility/ emotional support

D. Process Outcomes
(impacts of the way help is provided)
e.g.
- Valued as a person
- Expertise as a carer recognised
- A say in how things are done
- A ‘good fit’ with existing life, routines and care-giving
- Value for money

Figure 2

A. Quality of Life

B. Quality of Life

C. Managing the Caring Role

D. Process Outcomes

E. Social contact

F. Feel skilled, informed and confident in caring

G. A sense of satisfaction in caring

H. A sense of shared responsibility/emotional support

I. As fit and healthy as possible

J. Positive emotional & mental health

K. A life of their own (able to work if they choose, pursue interests, etc)

L. Not isolated

M. Material security

N. Valued as a person

O. Expertise as a carer recognised

P. A say in how things are done

Q. A ‘good fit’ with existing life, routines and care-giving

R. Value for money

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**Figure 2 OUTCOMES TOOLS**

- **Carer's Needs Form**
  - elicits carer’s views of main issues and aspirations
- **Carers’ Indices:** difficulties, satisfactions, managing
- **Summary of Carer’s Outcomes and Needs**
  - assessor’s conclusions
- **Carer's Feedback Form**
  - carer’s views of outcomes achieved for carer and user
- **Review**
  - Records overall conclusions and agreed actions

**Figure 3 Practitioners’ views on benefits of using the tools**

- Increased their awareness of the complexities of care-giving
- Became less inclined to assume carers can cope
- Encouraged more thorough and focused assessments
- Clarified different perspectives, assisting negotiation
- Helped to generate more creative and individualised responses
- Feedback from carers was useful and rewarding.

More focused discussion about the purpose and intended benefits of respite was a common theme. Practitioners explained how this resulted in breaks being arranged specifically to enable individual carers to, for example: take up an evening class, go for an early morning swim, or meet up with friends. In this way services were more likely to be targeted to achieve particular outcomes, such as improved morale, sense of well-being, social integration, or reduced stress.

### Carers’ views

Comments from carers indicated that many gained a sense of recognition and welcomed the opportunity to reflect on their situation, express feelings and gain new insights. This had a significant impact on one carer’s self esteem: *Before, nobody seemed to notice. I just seemed to be the person who was there all the time and nobody cared... I just felt like I were, you know, nothing.*

Carers had different views about what was helpful to them in the process of being assessed and reviewed. For example, some appreciated completing questionnaires on their own in advance of the assessment, whereas others needed assistance or chose to have someone present. Exploring satisfactions in caring was beneficial for some carers and difficult for others. Assessments could have an emotional impact on carers, although few saw this as problematic. These findings indicated the importance of sensitivity, skill and professional judgement in the use of the tools and in determining the pace, timing and approach to assessment which best suited individual carers.

### The challenges of an outcomes focus in practice

The approach also raised issues for practitioners and managers about the extra time required by a more detailed consideration of the carer’s perspective (in personal contact, administration and follow-up work). Most considered an abridged version of the assessment tools would be more manageable, although several felt that pressures on care management time could seriously compromise a sensitive individualised response. This also highlighted the importance of effective screening to identify carers who would benefit most from an in depth assessment.

### Aggregating outcomes information

Information was compiled manually from assessment and review documents for the 15 carers reviewed within this project. This exercise demonstrated the type and potential usefulness of information collected as part of routine practice.

For example, in this group of carers: 70% of outcomes anticipated by assessors were reported by carers to be achieved at least to some extent; a positive impact was reported by carers in some domains where none had been explicitly anticipated by assessors (e.g. improved relationships and sense of expertise in caring). This indicated the importance of gaining feedback more generally on the impact of services, rather than only those intended outcomes specified at assessment. Improved emotional health and well-being were among the most common outcomes. Carers valued the flexibility and reliability of services and considered them value for money but their feedback suggested that services might consider how they could promote greater recognition of carers’ expertise; give them more say in the way help is
Implications
Planning and implementing change

Multiple change agendas and acute pressure on staff are common to many social care agencies. This means that careful planning and support for staff will be important to enable the necessary shift in culture to take place, and ensure that outcomes are an integral, sustained and meaningful focus in practice and performance management.

The experience of this project, and feedback from those involved suggests that:

- Involvement of stakeholders in development work increases the relevance and usefulness of tools and systems.
- Initial training and opportunities for reflection on practice helps to reinforce the value of an outcomes approach, maintain interest and tackle problems as they arise.
- The active involvement and enthusiastic lead from senior managers is vital.

Systems to support change

Achieving an outcomes orientation in practice may also require a review of existing arrangements to support the change process. Skills and time are significant resources in identifying and achieving outcomes which are relevant to carers. A realistic appraisal of care management arrangements and resources available may therefore be helpful. Agencies should ensure that screening arrangements facilitate carers’ access to the appropriate level of assessment and review whatever their point of entry to the system (i.e. referral via home care, care management or access teams). Policy guidance on the type of outcomes the agency aims to achieve for carers, with minimum and maximum standards, might help to achieve consistency. Effective administrative and information systems will be needed to enable information collected to be analysed, interpreted, fed back to interested parties and acted upon. In the words of one carer, they can have all the information they want, they can have a computer full of information, it’s what they do with it that matters.

Methods

This was one of a series of linked development projects within the Outcomes Programme at SPRU and was undertaken over 18 months from 1998–9. The aims and scope of the project, as well as the design and use of some tools were developed collaboratively with carers, front-line staff and managers within one social services department. The tools were tested by 14 ‘volunteer’ practitioners (9 social workers and 5 home care organisers) within three community teams and one hospital team over a period of approximately 6 months. This involved the assessment of 37 carers of older people (some already known to the authority and some who were newly referred). Fifteen of these carers were followed through to the review stage enabling feedback on outcomes to be elicited and this information was aggregated to assess its potential usefulness. Six carers assessed and two reviewed were from black and minority ethnic communities, which involved interpreters in some instances.

A Carers Reference Group and regular development workshops with staff, and in-depth interviews with all staff and a sample of carers, contributed to the evaluation.