RESEARCH works

Surveying outcomes of equipment and adaptations

Demonstrating the effectiveness of social care is increasingly important in the current policy context where Best Value, evidence-based practice and professional accountability are emphasised. Information on the impacts or *outcomes* of social care is limited however, and national Performance Indicators continue to focus on processes and inputs. In this project, researchers worked with users, carers, practitioners and managers in one unitary authority to develop and test postal questionnaires as a means of collecting outcomes information. The study focused on an integrated occupational therapy assessment, equipment and adaptations service. The key findings were:

- Postal questionnaires can be an effective way of collecting information about the outcomes of these services and good response rates were achieved.
- One third of those who had received major adaptations reported that these had prevented deterioration in their quality of life, confirming the importance of maintenance as an outcome of social care.
- Staff in the study authority perceived the results as useful and plan to continue a rolling postal survey.
- Frontline staff and managers require training and support in using quantitative information to improve services.
- Analysis and interpretation of outcomes information is limited by competing demands on staff time and under-developed management information systems. Some of these barriers were successfully overcome through the development of a user-friendly database capable of analysis as well as survey administration.

RESEARCH FINDINGS FROM THE
SOCIAL POLICY RESEARCH UNIT

SPRU

THE UNIVERSITY of York

NOVEMBER 2000

Background

There are nearly one million users of community equipment services, and over 20 per cent of all referrals to Social Services Departments are now dealt with by occupational therapists (OTs). Recent reports, from the Audit Commission and others, have raised the profile of equipment and adaptations services, and highlighted their role in achieving policy goals, in particular enhancing independence and promoting equality of opportunity. There have been many criticisms of delays in provision and lack of use of equipment once provided. Feedback from users on the effectiveness of these services is essential for evaluation and improvement of services.

Many of the outcome measures used by occupational therapists were developed in other contexts (e.g. rehabilitation) and their sensitivity to the outcomes of equipment and adaptations has been questioned. Although measures designed specifically for equipment and adaptation services do exist, most involve one-to-one interviews for which resources may not be available in routine practice. SPRU has worked with stakeholders in one authority to develop and test a postal survey designed to collect feedback from service users about the outcomes of equipment and adaptations. The product of this development work includes questionnaires for those who have had minor and major provision (and carers), and a database for survey administration, data processing and analysis. The survey can be regularly repeated in a way which will provide valuable information as long as suitable arrangements remain in force for interpreting and acting on the results.

Project objectives

Through development work with an equipment and adaptations service, we set out to:

- develop and test postal questionnaires for collecting outcomes information
- identify factors that help or hinder the collection and use of outcomes information.

Findings

Developing outcome-focused questionnaires

Three questionnaires were developed by a mixed group of stakeholders. *Brief* and *detailed* questionnaires were designed for users receiving equipment and minor adaptations, or major adaptations respectively. A separate questionnaire was developed for carers. The conceptual frameworks for social care outcomes developed in SPRU informed the content of the questionnaires.

Five specific outcomes were identified by service users (and staff) as being particularly relevant when equipment or adaptations were supplied. These were: ability to do things for oneself (self-sufficiency); safety; ease (of performing everyday tasks or activities); relief of pain or discomfort; enhanced choice over daily activities. While carers valued the achievement of these desired outcomes for the person they supported, they also highlighted two outcome domains relating to their role as carers: being supported in the caring role and their own enhanced choice and control over daily life. Service process outcomes, relating to the impacts of *the way in which services are delivered*, for example, whether people are treated with respect, were important to both users and carers.

Additional questions relating to impact on overall quality of life, access, use of equipment and adaptations, unmet need and satisfaction with various aspects of the service were included in the questionnaires as a result of discussions between stakeholders.

Identification of respondents

Practitioners completed a ‘questionnaire request form’ when cases were closed. This form indicated whether the user was eligible for a questionnaire. It also included information not available from the computerised information system, such as whether a major adaptation had been provided, whether a carer had been involved, and (in the second pilot study) a description of the equipment and adaptations provided. In addition, practitioners also identified users and carers who were unable to complete a written questionnaire and who did not have access to assistance. These users and carers were offered telephone or home interviews. A database was designed which linked data from the questionnaire request form to basic demographic details in the computerised information system. This facilitated the administration of questionnaires and reminders.

Results of trial implementation

Overall, one quarter of users (25%) were not considered eligible for a questionnaire. This included users who had been inappropriately referred to the service (27%), had died (19%) or had declined assessment or provision (27%). A further seven per cent of users were not thought to be eligible because of severe cognitive or dual sensory impairments. Since considerable skills are needed to consult users with these impairments a separate exercise would be the most appropriate way to include their views. Three per cent of eligible users and carers required a telephone or home interview.

Response rates were based only on users eligible for a postal questionnaire and were generally acceptable:

In the first pilot study 219 *brief* questionnaires were sent out with a 79 per cent response rate (using one reminder);

In the second pilot study 117 *brief* questionnaires were sent out with a 68 per cent response rate (without using a reminder).

A total of 52 *detailed* questionnaires were sent out over both pilot studies with an 81 per cent response rate (using one reminder each time).

Only a minority (27%) of users receiving major adaptations had carers who had been closely involved in assessment or who were likely to benefit from the equipment or adaptations provided. The number of carers eligible to receive questionnaires was therefore small (15), and nine were returned.

The results from the pilot studies indicated that users found it easier to describe outcomes in relation to specific activities or tasks (e.g. bathing, mobility or using the toilet) than in more general terms (e.g. whether they were now more able to do daily tasks and activities for themselves). The majority of service users reported beneficial outcomes, particularly in relation to having a bath or shower *(Table 1)*. Users receiving equipment or minor adaptations were more likely to report positive outcomes: this probably reflects the more intractable nature of the barriers facing users requiring major adaptations. However the majority of users receiving major adaptations reported that their overall quality of life had improved (64%), with a further third (31%) reporting that provision had prevented deterioration (first and second pilot studies combined). Despite these positive results, almost half (45%) of users receiving major adaptations identified one or more unmet needs.

Achievement of service process outcomes was generally high. Additionally, data from the brief and detailed questionnaires indicated that nearly all respondents had used (95%, first pilot study) or were still using (94%, second pilot study) all the equipment or adaptations provided. The majority of users (85%) were very satisfied with the help provided.

Analysis, interpretation and use of outcomes information

In common with many other authorities, no details of assessment or provision were recorded in the computerised information system. The scope for linking outcomes to provision was therefore limited. In the second pilot study, however, details of provision recorded on the questionnaire request form were successfully used to check missing data and facilitate interpretation.

A number of barriers to the constructive use of feedback were addressed during the development work *(Figure 2)*. Resources for analysis and reporting were scarce in our partner authority. The administrative database was therefore designed to allow quick data entry from completed questionnaires. A report function summarised responses to each question in a table and a bar chart.

Whether the results will lead to changes in practice is not yet clear. There was, however, consensus among the mixed group that the information from the questionnaires was more valuable than that derived from satisfaction surveys. To facilitate the use of the questionnaire results, it was recommended that a group of staff was convened with responsibility for examining and interpreting results, identifying areas for development, planning and implementing changes, and reviewing the impact of changes.

Table 1
Impact of equipment and adaptations on having a bath or shower

	Brief questionnaire [1]	Detailed questionnaire [2]
Safer [3]	77%	53%
Easier	80%	61%
Need less help	31%	33%
Increased choice	46%	25%
Other outcome	11%	3%
Made no difference	0%	3%
	n=70	n=36

[1] Second pilot study only
[2] First and second pilot studies
[3] Percentages add up to more than 100 since more than one outcome could be reported

Figure 2
Overcoming barriers to using feedback

- Develop skills and confidence in interpreting feedback
- Recognise the validity of user and carer views
- Place an equal emphasis on positive and critical feedback
- Consider the implications of positive feedback
- Use critical feedback constructively to consider:
    - What has caused these results?
    - What can be done to improve services?
    - What additional information is needed?
    - What are the barriers to change?
- Establish a small working group responsible for reviewing and acting on feedback.

Implications

Collecting outcomes information

The user satisfaction surveys to be conducted in future by all SSDs could also collect evaluative information on the outcomes of social care. Such information would complement national Performance Indicators. Although the development of survey questions on outcomes requires resources, integration into the planned surveys may be a cost-effective way of documenting outcomes.

At a practical level, a number of principles for implementing surveys can be identified *(Figure 3)*.

Figure 3
Principles for conducting surveys

- Clarify the purposes of data collection
- Use supplementary approaches to enhance inclusion
- Use random sampling to select users
- Recognise the distinct perspectives of users and carers
- Develop effective strategies for data processing, analysis, reporting and use of information.

Promoting the use of outcomes information

Recent studies have drawn attention to the under-developed management information systems in SSDs. Data on outcomes, needs and inputs cannot be linked within many current computerised information systems. Investment is required to link datasets and ensure that information on outcomes and user satisfaction is fully exploited.

The database was designed to facilitate survey administration, data processing and analysis of questionnaire data in routine practice. While the database is specific to the questionnaires used in this study, the principles of the design are generalisable and could be used by SSDs in implementing the planned user satisfaction surveys.

Some managers may lack experience in interpreting and using data to inform decision-making. Analysis of their training needs may highlight ways of promoting an information culture in social care. Local training and development work prior to implementation of outcomes-focused surveys would be a valuable way of increasing understanding of outcomes, tailoring data collection tools to local circumstances and tackling barriers to the effective use of feedback.

Methods

This project was carried out over 18 months from May 1999 in partnership with one unitary authority in the north of England. Researchers worked collaboratively with a mixed group of stakeholders including users, carers, practitioners and managers. It was hard to recruit and retain users to the mixed group, and their views were relatively underrepresented. The mixed group met seven times in total and three separate meetings of users and carers, and practitioners and managers were held.

The first pilot study took place over an eight-week period (December 1999 to February 2000), during which 172 brief user questionnaires, 34 detailed user questionnaires and eight carer questionnaires were completed. Following revisions to the questionnaires and administrative arrangements, a second pilot study was conducted over a six-week period (August to September 2000). In this pilot study 80 brief user questionnaires, eight detailed user questionnaires and one carer questionnaire were completed.

The SPRU Outcomes Programme was funded by the Department of Health; the views expressed are those of the authors and not necessarily those of the Department.

Further information

The following are available from SPRU's Information Office. Please contact Lindsey Myers, Information Officer, 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: *www.york.ac.uk/inst/spru/pubs/research_works.htm*

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

Number 5 *Overview: Outcomes of social care for older people and carers* by Hazel Qureshi, Charles Patmore, Elinor Nicholas and Claire Bamford, £4.00

Number 6 *Outcomes of social care for disabled people and carers* by Claire Bamford, Hazel Qureshi, Elinor Nicholas and Ayesha Vernon, £4.00

The Social Policy Research Unit is an independent research organisation at the University of York. Established in 1973, SPRU has an international reputation for excellence in key areas of social policy, including health and community care, and social security. Its Director is Professor Sally Baldwin. For further information about SPRU contact the Director or the Information Office, or visit our website at **http://www.york.ac.uk/inst/spru/**

Social Policy Research Unit,
The University of York, Heslington,
York Y010 5DD, United Kingdom.
Telephone +44 (0)1904 433608
Fax +44 (0)1904 433618
Text +44 (0)1904 432626
E-mail SPRU@york.ac.uk