

Practitioners' Documentation of Assessment and Care Planning in Social Care: The Opportunities for Organizational Learning

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Summary

This paper analyses practitioners' documentation of social care assessments and care plans for disabled adults of working age. The data were collected in the course of an innovative project that introduced new outcome-focused documentation into routine social care assessment, care management and review processes. The project aimed to encourage practitioners to focus during these processes on the full range of outcomes that individual disabled adults might seek to achieve; and identify the appropriate services for realizing those outcomes. Analysis of the new documentation provides insights into the diverse range of priorities and outcomes that service users aspire to achieve as a result of receiving services, and the service inputs that were agreed between practitioners and service users. However, despite the new documentation, the majority of both outcomes and services that were recorded tended to cluster around a fairly narrow range of conventional social care service functions. Moreover, the emphasis of both outcomes and service inputs differed between different groups of social care professionals. In the context of current policies to make social care services more individualized and outcome-focused, each of these findings has major organizational implications. The opportunities for using routine practitioner documentation to identify areas of organizational and professional change and learning are discussed.

Keywords: social care, outcome-focused services, disabled adults

Introduction

The collection of information about social care activity is often argued to constitute a response to government requirements for centralized information and

performance management, rather than local needs for information that can be explored and utilized for service development (Gatehouse and Ward, 2003; Moore, 2002; Ward, 2004). However, this paper argues that the acquisition, analysis and utilization of information about service needs and responses are a key element of service improvements. Organizations responsible for delivering social care services are increasingly encouraged to collect information from a range of sources for the purposes of strategic and operational decision making and monitoring (Cope, 2001; Rhodes, 2003; Ward, 2004). Moreover, there is an expectation that local authority and social services managers will be well informed about the needs of their service users and will use this information to bring about improvements in social care at the local level (Rhodes, 2003). For all these reasons, therefore, there has been a burgeoning interest within local authorities in developing systems for collecting and recording information about service use and performance (Ward, 2004). In some instances, research and development projects, in partnership with researchers, have been established to make the best use of information and inform service improvements. Here, the aim has been to design new procedures that will elicit a wide range of relevant information and enable service providers to deliver services that are more precisely targeted at individual users' personalized needs (Qureshi and Nicholas, 2001). Yet it has been suggested that the real problem for social services managers is not so much the acquisition of data, but how to use it in such a way that it assists organizational learning and translates into service improvements (Moore, 2002).

Assessment and care planning documents that are completed by front line social care practitioners as part of their work with service users are ready sources of information that may be utilized by managers for service improvements and strategic planning. At the individual level, these documents provide the basis for identifying needs and making decisions about personalized service planning and delivery. Taken together, however, assessment documents also provide aggregated data that can inform service commissioning activities. In particular, such documents can be utilized to profile the key areas of concern to service users; the types of services that might meet those concerns; the services that are actually available and provided; and any discrepancies between these. Such analyses can provide the foundation for identifying and planning service improvement and changes in professional practice at the organizational level.

An important feature of the reforms introduced by the UK's National Health Service (NHS) and 1990 Community Care Act was the separation of assessment of an individual's need for care from the decision by a local authority to provide a service (Chevannes, 2002). In line with this, many social services departments developed standardized 'needs-based' approaches to assessment (Barnes, 1998; Middleton, 1997). These were based largely on prescribed and pre-determined areas of need, although the expectation was that other personal and social information (for example about employment, education or family relationships) would be collected, in order to develop an overall personal profile of the individual rather than simply a summary of areas of need

(Rummery, 2002). Yet, as Chevannes (2002) has noted, whilst the Act placed an obligation on local authorities and professionals to assess individuals' needs for services, decisions about whether and what types of services would be provided remained the domain of professionals and local authorities.

More recently, a number of social service departments have tried to incorporate an outcome-focused approach, rather than a 'needs-based' approach, into their routine social care assessment and care planning activities (Nicholas, 2003; Harris and Morgan, 2002; Qureshi and Nicholas, 2001). This change in orientation has been encouraged by a policy context that aims to enable disabled people to have greater choice and control over the support that they receive by making public services more responsive to their individual aspirations and preferences (Department of Health, 2005). The Green Paper on adult social care (Department of Health, 2005) and the proposals for *Improving the Life Chances of Disabled People* (Cabinet Office Strategy Unit, 2005) both propose new ways of improving the responsiveness of services to match the preferences, priorities and aspirations of individual people rather than providing standardized packages of services.

An outcome-focused approach emphasizes choice and personalized services by tailoring service delivery to meet desired outcomes (Harris *et al.*, 2005). Central to this approach is the introduction of new assessment and care planning documentation that encourages practitioners conducting assessments and providers of services to focus on user-desired outcomes rather than needs. As such, there is an expectation that the end result of assessment processes will reflect the breadth of service users' expressed outcomes. By using outcome-focused assessment and care planning documents as a source of information about the outcomes desired by service users and the preferred methods of service delivery, managers can monitor the diversity of preferred outcomes and modes of service delivery across different groups of service users and service providers and identify needs for new types of services.

However, assessment processes and their outcomes are also likely to be influenced by practitioners' perceptions and understandings of available local services, resource constraints and their professional or discipline orientation (Chevannes, 2002). The outcomes of assessment and care planning therefore reflect a process of negotiation between users and professionals, each of whom may bring to that negotiation a range of assumptions and areas of expertise. In the context of policies that place increasing emphasis on user choice and control, the outcomes of assessments can offer opportunities to identify areas in which culture and practice may need to change.

In order to illustrate some of the opportunities for organizational learning that may be derived from examining outcome-focused assessment and care planning documents, this paper reports on findings from a research project undertaken by the Social Policy Research Unit (SPRU) at the University of York. The project on Outcomes for Disabled People began in 2002 and aimed to develop and implement an outcome-focused approach in social care services for disabled adults of working age. The focus of the project was specifically on

disabled adults who experienced physical or sensory impairments or chronic illnesses. The outcomes approach drew on work on social care outcomes (Qureshi *et al.*, 2000); the social model of disability; and previous interviews and consultations with social service staff and service user groups. The outcome-focused assessment framework comprised four broad topic areas within which outcomes for service users could be identified. These areas were autonomy, personal comfort, economic participation and social participation (Harris *et al.*, 2005). The four outcome areas were intended both as a guide for practitioners, to ensure that assessments covered the outcomes desired by users across a range of domains; and as a structure within which practitioners could document the preferred outcomes of service users following assessment.

Using an analysis of practitioners' assessment and care planning documents, this paper describes (i) the outcomes desired by disabled adults of working age; and (ii) the range of service interventions agreed between practitioners and service users. Furthermore, it analyses how these two issues were documented by different professional practitioner groups. In so doing, it demonstrates the potential opportunities for managers to acquire a window into service delivery and a framework for considering key service development issues.

Data sources and data analysis

As part of the Outcomes for Disabled People project, outcome-focused assessment documents were completed over a six-month period (December 2003–July 2004) by two local teams within one social service department and subsequently collected for analysis. The teams comprised a range of professional groups identified as Occupational Therapists, Social Workers, Social Workers/Care Managers, Care Managers and Community Care Workers. The documents included statements of the outcomes desired by service users. These, and the range of services agreed between the practitioners undertaking assessments and service users, were transcribed verbatim from the original record into a spreadsheet for data management and analysis purposes. Table 1 describes the data sources. As shown, the documents used in the analysis ($n = 321$) included

Table 1 Data sources

| Data sources | Number |
|---|--------|
| Outcome documents | 321 |
| CCA | 149 |
| CP | 140 |
| CPR | 3 |
| PSP | 28 |
| PSPR | 1 |
| Statements of service user preferred outcomes | 465 |
| Statements of service types | 765 |

community care assessments (CCA), care plans (CP), care plan reviews (CPR), personal service plans (PSP), and personal service plan reviews (PSPR). These documents included both initial assessments carried out with individuals referred to social services for the first time and reassessments of existing service users. From these documents, 465 statements of service user preferred outcomes and 765 statements of service inputs agreed by practitioners and service users were extracted for analysis. In some cases, statements of service user preferred outcomes and service types were recorded on both the CCA and CP, but in these cases each statement was included only once.

The analysis aimed to describe the outcomes identified by service users and the range of services that were agreed, as documented by the practitioners conducting the assessments; and to analyse these according to different groups of practitioners. The process of analysis involved identifying themes in the different statements, attributing a code, clustering similar coded statements and describing and abstracting common themes (Mason, 1996).

The important outcomes identified by service users

Twenty-two categories of outcomes prioritized by service users (Table 2) were identified from practitioners' assessment documentation. Each of these categories comprised a number of subcategories. For example, personal care and

Table 2 Percentages of documented service user outcomes categorized for the six-month period

| | User outcomes (per cent) (n = 465) |
|----------------------------------|---------------------------------------|
| Access in/around the home | 20.0 |
| Personal care and comfort | 18.7 |
| Transfers | 10.3 |
| Independence | 7.1 |
| Social/leisure/recreation | 6.4 |
| Communication | 5.4 |
| Domestic/activities daily living | 5.4 |
| Financial | 5.2 |
| Employment/education/training | 4.1 |
| Equipment/aids | 3.2 |
| Physical health/well-being | 2.1 |
| Safety and security | 1.9 |
| Housing/accommodation | 1.7 |
| Access to/within wider community | 1.7 |
| Emotional well-being | 1.5 |
| Parenting and relationships | 1.3 |
| Care package/hours | 1.3 |
| Information/advice | 0.9 |
| Mobility | 0.6 |
| Transport | 0.4 |
| Carer issues | 0.4 |
| Citizenship | 0.2 |

comfort included outcomes such as maintaining personal hygiene, sitting and bed posture. Housing adaptations, housing transfers and suitability of current accommodation were included in the housing/accommodation outcome category. The twenty-two categories, shown in Table 2 with relative percentages, indicate the key areas in which service users identified desired outcomes.

Eight of the twenty-two categories of outcomes (access in and around the home, personal care and comfort, transfers, independence, social/leisure/recreation, communication, domestic/activities of daily living and finance) account for a substantial proportion (78.5 per cent) of all desired outcomes documented during the six-month study period. Access in and around the home (20.0 per cent) and personal care and comfort (18.7 per cent) were key service user outcomes; these alone accounted for over one-third (38.7 per cent) of all documented outcomes over the six-month period. The inclusion of outcomes relating to independence and participation in the outcome-focused documents provided opportunities for practitioners to explore users' priorities or desired outcomes in areas that had hitherto not constituted significant elements of the social care assessments carried out by these particular practitioners. The documentary analysis nevertheless showed evidence of aspirations relating to individual social roles and participation and access to community facilities. Taken together, outcomes relating to independence, social/leisure/recreation, employment/education and training, parenting and relationships made up approximately 18.0 per cent of all documented outcomes. Whilst, in general, these types of outcomes were less common during the six-month period than those concerning practical and self-care activities and negotiating access within the home, nevertheless there is indication of practitioners' willingness to explore a wide range of priorities with service users.

Types of services provided

In response to the outcomes identified by service users during their assessments, twenty-nine different types of service interventions were identified from practitioners' documentation. These included equipment and aids; referrals for specialist financial information and advice, particularly relating to claims for disability and other social security benefits; new or different home care services; and referrals to a range of other professionals. The latter included occupational therapists, social workers and physiotherapists; professionals specializing in sensory impairments (ophthalmologists, opticians, audiology technicians); medical professionals (rehabilitation consultants, general medical practitioners); visual impairment services (guide dogs, blind association, visual impairment clinics). Other referrals were related to activities of daily living; to employment, education and training services; and to sources of emotional support and counselling (e.g. psychologists, art therapy). The category of 'professional support' in Table 3 reflects the more traditional social work advice and support provided by the practitioner in the course of undertaking the assessment.

Table 3 Percentages of services recommended during the six-month period

| | Service recommendations categorized (per cent) (n = 765) |
|---|--|
| Equipment/aids | 36.9 |
| Housing/accommodation | 14.8 |
| Financial referral/application | 7.4 |
| Professional support | 6.1 |
| Care package/hours | 5.1 |
| Referral allied professional | 4.8 |
| Information/advice | 3.8 |
| Social/leisure/recreation | 2.7 |
| Referral day/resource centre | 2.1 |
| Employment/education/training | 2.0 |
| Referral nursing/domiciliary service | 1.6 |
| Referral one-one support services | 1.4 |
| Risk/handling assessment | 1.2 |
| Referral/liaison with council | 1.0 |
| Review | 1.0 |
| Referral medical professional | 0.9 |
| Referral domestic/activities daily living | 0.9 |
| Transport | 0.9 |
| Monitoring | 0.8 |
| Referral mobility training/services | 0.8 |
| Referral architect | 0.6 |
| Referral personal development course | 0.6 |
| Referral sensory impairment/professional services | 0.4 |
| Referral visual impairments services | 0.4 |
| Respite care | 0.3 |
| Moving/handling plan | 0.3 |
| Referral welfare rights | 0.3 |
| Emotional/support/counselling | 0.1 |
| Family/carer | 0.1 |

Professional support also includes liaison with other professionals by the assessing practitioner to seek advice or further information, and direct help such as assisting the service user to undertake tasks within the home.

As with the outcomes identified by the disabled people, a relatively small number of different types of service interventions accounted for a substantial proportion of all the services that were agreed following the new outcome-focused assessments over the six-month period. In this case, five categories (equipment/aids, help with housing/accommodation, help with financial issues, professional support and domiciliary support) accounted for 70.3 per cent of all documented service recommendations. Equipment/aids was the most common recommendation for service provision, representing over one-third (36.9 per cent) of all the documented service recommendations.

On the whole, documentation of social care assessments continued to reflect the traditional areas of social care work such as access in and around the home and personal care and comfort. Likewise, the dominance of equipment/aids as a service recommendation reflected traditional ways of responding in social

care. This may, however, reflect a continued emphasis within local authority social services departments on provision of practical assistance through assistive devices. That said, with the introduction of a new outcome-focused approach designed to support practitioners to consider a wide range of priorities with service users, it is encouraging that outcomes relating to independence and participation were also identified from the outcomes-focused assessment process.

The recorded outcomes and agreed service recommendations of different groups of practitioners

The types of service user outcomes and agreed recommendations for services that were documented were also analysed according to the professional backgrounds of the practitioners conducting the new outcomes-focused assessments. This analysis provided valuable insights into the orientations and preoccupying concerns of different practitioners. It was important to find out whether the new outcome-focused approach was moderated or mediated by practitioners' disciplines or professional orientations, as this could indicate potential areas for further training and development. This was done by comparing the outcomes and services recorded by different groups of practitioners. For the purposes of this analysis, practitioners fell into one of four groups, community care workers (CCW, $n = 7$), occupational therapists (OT, $n = 10$), social worker/care managers (SW/SWCM, $n = 4$) and care managers (CM, $n = 7$). These groups were identified based on practitioners' own stated professional affiliations. Table 4 shows the percentages of service user outcomes recorded by each practitioner group. A substantial proportion (44.7 per cent, $n = 208$) of the 465 outcomes recorded during the six-month period were documented by the CCW group. In comparison, the OT (26.2 per cent, $n = 122$), SW/SWCM (20.0 per cent, $n = 93$) and CM (9.0 per cent, $n = 42$) groups contributed a far smaller proportion of the documented user outcomes.

Community care workers were more likely to document outcomes relating to personal care and comfort (30.7 per cent) and access in and around the home (25.0 per cent) compared with other outcomes. These two categories represented over half (55.7 per cent) of all outcomes documented by this group. For the OT group, personal care and comfort (10.6 per cent), access in and around the home (30.3 per cent) and transfers (19.7 per cent) made up 60.6 per cent of all their documented outcomes. (Although access in and around the home represented one-quarter of all the outcomes documented for the CCW group, it represented almost one-third of all those documented by the OT group.) Personal care and comfort (11.9 per cent), physical health and well-being (11.9 per cent), domestic/activities of daily living (11.9 per cent) and social/leisure/recreation (11.9 per cent) made up 47.6 per cent of all the outcomes documented by the CM group, while 53.6 per cent of all outcomes documented by the SW/SWCM group related to independence

Table 4 Percentages of documented service user outcomes categorized for each practitioner group

| Categories | Service user outcomes categorized for each practitioner group | | | |
|-------------------------------------|---|--------------------------------------|----------------------------------|---------------------------------|
| | CCW (<i>n</i> = 208) per cent | SW/SWCM (<i>n</i> = 93) per cent | OT (<i>n</i> = 122) per cent | CM (<i>n</i> = 42) per cent |
| Personal care and comfort | 30.7 | 5.4 | 10.6 | 11.9 |
| Access in/around the home | 25.0 | 2.1 | 30.3 | 4.8 |
| Equipment/aids | 2.9 | 1.1 | 5.7 | 2.4 |
| Transport | | 2.1 | | |
| Financial | 1.9 | 5.4 | 9.0 | 9.5 |
| Transfers | 11.0 | | 19.7 | 2.4 |
| Physical health/well-being | 0.5 | 1.1 | 2.4 | 11.9 |
| Domestic/activities daily living | 8.2 | 1.1 | 1.6 | 11.9 |
| Mobility | 0.5 | 1.1 | | 2.4 |
| Communication | 10.6 | 2.1 | | 2.4 |
| Safety and security | 1.9 | | 4.1 | |
| Housing/accommodation | 1.0 | | 3.3 | 4.8 |
| Carer needs | | 2.1 | | |
| Employment/ education/training | 1.0 | 11.8 | 3.3 | 4.8 |
| Social/leisure/recreation | 1.4 | 19.3 | 3.3 | 11.9 |
| Information/advice | | 3.2 | 0.8 | |
| Care package/hours | | 4.3 | | 4.8 |
| Parenting and relationships | | 4.3 | 1.6 | |
| Emotional well-being | | 5.4 | 0.8 | 2.4 |
| Independence | 2.9 | 22.5 | 2.4 | 7.1 |
| Access to/within wider community | | 4.3 | 0.8 | 4.8 |
| Citizenship | | 1.1 | | |

(22.5 per cent), social/leisure/recreation (19.3 per cent) and employment/education/training (11.8 per cent).

The different services recommended by each group are shown in Table 5. As with the service user outcomes, a substantial proportion (40.9 per cent, *n* = 313) of all documented service recommendations categorized were attributable to the CCW group. The OT and SW/SWCM groups accounted for similar proportions of all the service recommendations categorized (26.4 per cent, *n* = 202 and 26.1 per cent, *n* = 200, respectively), while the CM group was associated with the fewest service recommendations (6.5 per cent, *n* = 50).

Equipment/aids and housing/accommodation accounted for a substantial proportion of the recommended services documented by the CCW (78.6 per cent) and OT (60.8 per cent) groups, suggesting that these may be services routinely recommended by these two groups. More importantly, both groups demonstrated a greater likelihood of recommending equipment/aids compared with any other type of service, particularly the CCW group (55/3 per cent of all interventions) and to a slightly lesser extent the OT group (45.5 per cent of all interventions). Nine clusters of recommended services (professional support,

Table 5 Percentages of documented service delivery recommendations categorized for each practitioner group

| Categories | Service recommendations categorized for each practitioner group | | | |
|--|---|----------------------------------|-----------------------------|----------------------------|
| | CCW (n = 313) per cent | SW/SWCM (n = 200) per cent | OT (n = 202) per cent | CM (n = 50) per cent |
| Equipment/aids | 55.3 | 7.5 | 45.5 | 4.0 |
| Housing/accommodation | 23.3 | 3.0 | 15.3 | 6.0 |
| Financial referral/application | 4.1 | 9.5 | 8.9 | 14.0 |
| Referral/liaison with council | 1.3 | | 2.0 | |
| Respite | | 0.5 | | 2.0 |
| Care package/hours | 0.6 | 14.5 | 0.5 | 14.0 |
| Moving/handling plan | | 1.0 | | |
| Risk/handling assessment | | 4.5 | | |
| Information/advice | 3.2 | 3.0 | 4.9 | 6.0 |
| Review | 0.6 | 2.0 | 0.5 | 2.0 |
| Monitor | | 3.0 | | |
| Referral allied professional | 2.9 | 9.0 | 2.5 | 10.0 |
| Referral nursing/domiciliary | 0.6 | 0.5 | 4.0 | 2.0 |
| Referral architect | 0.6 | | 1.5 | |
| Referral medical professional | 0.3 | 1.0 | 2.0 | |
| Referral sensory impairment professional | 0.6 | 0.5 | | |
| Referral visual impairment services | 0.6 | 0.5 | | |
| Referral for domestic/ADL help | 0.3 | 1.5 | | 6.0 |
| Referral welfare rights | | | 0.5 | 2.0 |
| Referral day/resource centre | 0.3 | 3.5 | 2.0 | 8.0 |
| Mobility training/services | | 1.5 | 1.5 | |
| Referral one-one support | 0.3 | 5.0 | | |
| Personal development course | | 2.5 | | |
| Transport | 0.6 | 1.0 | 1.0 | 2.0 |
| Professional support | 2.2 | 11.5 | 4.4 | 16.0 |
| Employment/education/training | 0.3 | 6.0 | 1.0 | |
| Social/leisure/recreation | 0.6 | 7.0 | 1.0 | 6.0 |
| Emotional/support/counselling | 0.3 | | | |
| Family/carer | | 0.5 | | |
| Not eligible | 0.6 | | 1.0 | |

financial referral/application, home care services, referral to allied professionals, referral day/resource centre, housing/accommodation, information/advice, referral domestic/activities daily living and social/leisure/recreation) accounted for the majority (86.0 per cent) of all service recommendations documented by the majority (86.0 per cent) of all service recommendations documented by the CM group. For the SW/SWCM group, seven service categories (home care services, professional support, financial referral/application, referral to allied professionals, equipment/aids, social/leisure/recreation, employment/education/training) accounted for 65.0 per cent of all service delivery recommendations categorized from the assessment documents.

Discussion

The analysis has revealed a number of interesting trends concerning outcome-focused assessment. First, it has shown that outcome-focused social care assessments, supported by appropriate documentation, can encourage practitioners to discuss with service users and record a wide range of outcomes and associated recommendations for service delivery. Second, however, despite this range, the majority of outcomes and service recommendations nevertheless still clustered around a relatively small number of domains—access in and around the home, personal care and comfort and equipment/aids. Third, both the outcomes discussed and recorded and the services recommended varied systematically between practitioners with different professional backgrounds and job descriptions.

It may be that these patterns reflect different referral arrangements and the allocation of referrals to different types of professionals according to preliminary information about the user and her/his enquiry. However, the outcome-focused documentation was developed to encourage practitioners to explore a wider range of user-preferred outcomes than would have occurred previously during the assessment process. Nevertheless, the emphasis in the documentation on self-care outcomes such as personal care and comfort, and outcomes relating to negotiating the physical environment wherein these tasks are carried out (access in and around the home, transfers) remained relatively narrow. This is perhaps not surprising. The need for social service departments to focus more specifically on meeting practical, self and home care needs of service users within their own homes was emphasized in the 1993 community care reforms (Barnes, 1998) and these activities are also reflected in performance indicators required by central government. It might be expected, then, that practitioners were oriented toward exploring these prescribed issues in the course of their assessments. It is also possible that service users identified outcomes and requested services that they perceived were relevant to, or the responsibility of, social service departments. Only a more in-depth examination of the processes of identifying and negotiating outcomes among different groups of professionals would provide a better understanding.

Nevertheless, the emphasis in the documents analysed in this paper on individual self-care outcomes and outcomes related to improving physical access in the home is far narrower than the broader outcomes relating to independence and inclusion identified in the recent Green Paper (Department of Health, 2005) and Cabinet Office (Cabinet Office Strategy Unit, 2005) proposals. This suggests that the introduction of an outcome-focused assessment framework would need to be accompanied by extensive (and perhaps repeated) professional development and training. Despite the use of outcome-focused documentation in the study reported here, only a narrow range of preferred outcomes and service types were identified during the assessment process. Professional development and training would need to focus more specifically on helping practitioners to discuss with service users a wider range of outcomes

such as those relating to social and economic participation, and to identify with users the service interventions that can contribute to these outcomes.

The analysis showed that a small number of services accounted for a substantial proportion of all recommended services; overall, there was a predominance of recommendations relating to equipment and daily living aids. This was despite the use of new documentation that encouraged practitioners to explore an extensive range of user-preferred outcomes and that should have prompted an equally extensive range of recommended services. Recommendations for equipment and daily living aids certainly reflect an ‘enablement’ approach that encourages people to do things for themselves, with the use of assistive technology if necessary. On the other hand, the predominance of these service recommendations may equally reflect practitioners’ knowledge of a limited range of available services; their established, routine assessment and care planning practices (Foster *et al.*, 2006); or their perceptions of organizational policies and priorities about eligibility for particular types of services. Further examination of the prevalence of different user-preferred outcomes and the types of services recommended by practitioners would assist understanding.

It is arguable that the variations between practitioner groups in the service user outcomes and service recommendations reflect different professional and occupational frameworks. Role expectations and the contributions expected from specific professionals within multidisciplinary teams are additional underlying factors. For example, the emphasis of the community care workers (CCW) on personal care and comfort and access in and around the home is likely to reflect organizational expectations about their roles. These, in turn, may reflect referral patterns whereby service users in different circumstances or with different needs are systematically assessed by practitioners with different skills and expertise—that is, referrals are allocated to practitioners on the basis of the perceived nature of the problem and the practitioner’s area of expertise. In a study of assessment by social and health professionals, Chevannes (2002) found that professionals approached assessment with older people from a limited framework that was linked to their role in the agency.

If this explanation is correct, it indicates a significant need for both individual professional development and training and management support for changing the culture and expected roles of different groups of practitioners, if current policy ambitions are to be realized. The latter would involve attention to the managerial and organizational expectations of different professional groups within multidisciplinary teams that may unintentionally reinforce traditional, narrow, service-driven rather than outcome-focused approaches to assessment.

The analysis also highlighted the need for local authority social services departments to ensure the right incentives are present for practitioners to consider a wider range of outcomes and services. Decisions about service priorities, commissioning and the strategic allocation of resources will impact on the way practitioners are able to engage with an outcomes-focused approach. For example, how practitioners perceive the availability of services provided or

commissioned by their organization will have a significant bearing on how they approach assessment and, ultimately, what outcomes are identified and services recommended (Foster *et al.*, 2006). Moreover, consideration of outcomes and services relating to the less traditional areas of social care, such as employment, education and training, will be difficult if social services departments are unable to commit appropriate resources or develop the necessary service arrangements to facilitate this focus. Equally, the emphasis on practical, self and home care needs within the performance indicator framework required by central government may influence organizational orientations and priorities at the expense of service user-preferred outcomes. This context necessarily creates a dilemma for practitioners trying to pursue a broader outcomes focus during assessments. However, if organizational contexts and policy environments do inhibit practitioners' efforts to conduct broader, outcomes-focused assessments with service users, then appropriate resource allocation and alignment of goals may equally facilitate practitioners' engagement with outcome-focused assessment.

Assessment documents, in this case outcome-focused assessments, also provide a basis for managers of social services departments to investigate service user-preferred outcomes; to develop a profile of outcomes of central concern to service users; and to identify trends in service delivery over time. Such information allows organizations to monitor changes such as the extent of shift in service delivery (Lipsey and Cordray, 2000) and, specifically, the extent to which service provision is consistent with outcome-focused assessments and a broader range of outcomes and service responses.

Conclusion

This analysis of the outcome-focused assessment documentation introduced in two social service teams has demonstrated the usefulness of such documentation in assisting managers to identify trends in user-preferred outcomes and potential areas for service development.

However, the analysis has also indicated that despite the potential for exploring a wider range of service user preferred outcomes during assessment and recommending a greater diversity of services, the issues that practitioners documented remained relatively narrow. Moreover, these issues tended to reflect familiar social care service terrains that may, in turn, have reflected practitioners' perceived roles within the agency and their understandings of departmental priorities. In light of these findings, it is important that practitioners are supported and encouraged in engaging with service users to thoroughly explore the full range of desired outcomes, including those outside traditional social care responsibilities. To the extent that the outcomes identified by users reflect their own perceptions of the roles and responsibilities of social care services, practitioners may also need to help users see beyond these assumptions and identify a wider range of equally legitimate outcomes. Managers

will also need to support practitioners in these new roles by providing the necessary training and professional development. Facilitating this cultural shift will be a key priority for managers given that outcomes-focused approaches may represent a significant change for some practitioners. Finally, the inevitable tensions arising for practitioners from simultaneously managing resource constraints and introducing new user-focused assessment processes require innovative solutions and planning at both organizational and policy levels.

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