# MAKING RESEARCH COUNT

Presentation to

Kings College London

# A Comparative Longitudinal Study of Outcome- focused Care

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# Changing the Hamsters Gage

" *I feel like a hamster they rush in change the food and litter and rush out again ,some days I only speak two or 3 words to another human being, can you imagine what that is like ?"*

# Definitions

*Outcomes' refer to the impacts or end results of services on a persons life. Outcome-focused services therefore aim to achieve the aspirations, goal and priorities identified by service users –in contrast to services whose content and/or forms of delivery are standardised or a solely determined by those who deliver them. Outcomes are by definition individualised, as they depend on priorities and aspirations of individual people.'*

(Glendinning et al, 2007:1)


*"Time and task homecare is the division of assessed care needs into time allocated components, and is measured by the completion of tasks rather than assessed outcomes." ( Gethin-Jones,2012)*

# Definition

- *Outcomes are defined as the impact, effect or consequence of a service or policy".*

- *Outcomes-focused services are therefore those that meet the goals, aspirations or priorities of individual service users.*

Glendinning,2008: 5

# Research Hypotheses

- **Hypothesis**
- **The hypothesis posed in this research is whether the intervention of outcome focused care had an impact on the individual's self reported sense of wellbeing.**
- **Null Hypothesis**
- **The null hypothesis therefore is that the type of intervention provided to the individual did not significantly impact upon the individual's subjective wellbeing.**
- **Findings**
- **An analysis of the data established that there was a significant association between the outcome-focused intervention and an improvement in the individual's sense of wellbeing.**

# Research Aims

- To establish if the provision of outcome-focused care provided greater improvement to the individual's sense of well being than the current time/task model.

- To establish whether the use of MYCAW provided an effective method of measuring well being in the provision of two different models of home care.

# Research Design

- Longitudinal study taking place over 18 months

- Realistic Evaluation ; Utilising mixed methods

- Participants: service users, Senior Managers, Social Workers.

# Methods

- Semi structured interviews

- Participant observation

- Questionnaires MYMOP and MYCAW (Patterson,1998,2007)
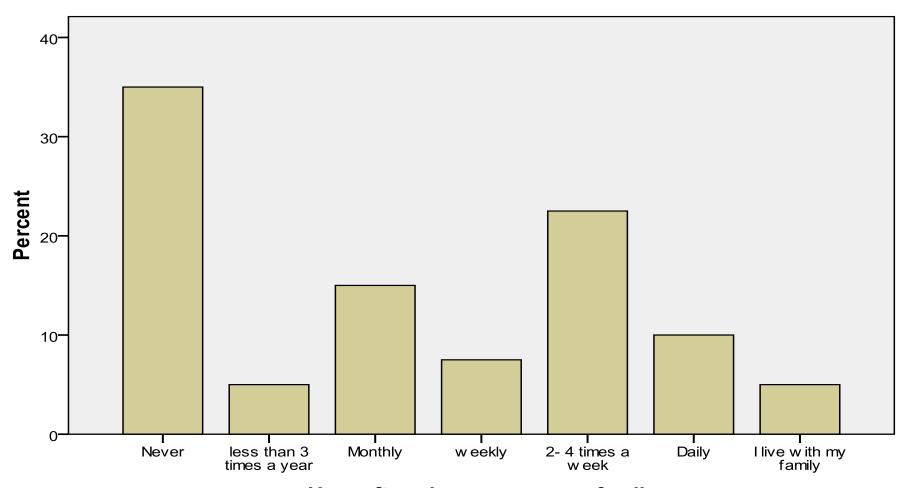
- Focus Groups

# Sample

- 40 participants

- Mean age = 76.45

- Gender Distribution: 23 females ,17 males

- Most experiencing severe physical mobility problems limiting their ability to live independently
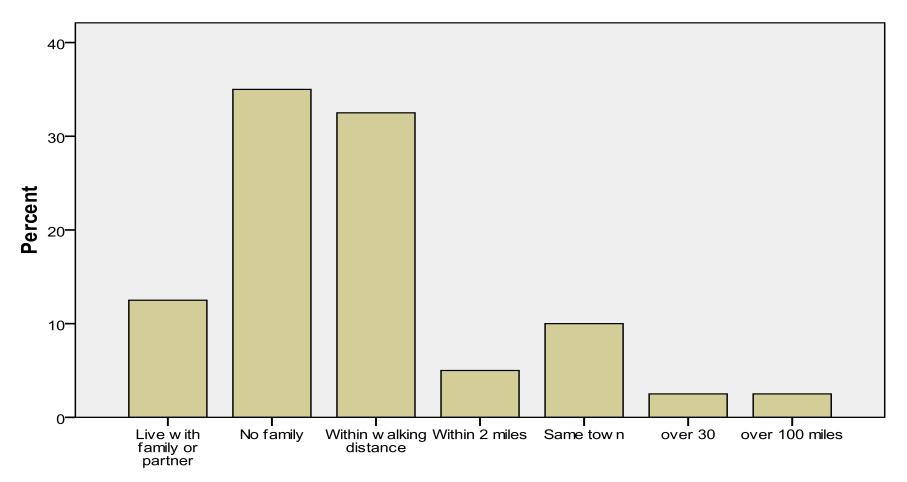
# Quantitative findings

- 67.5 % had contact with family and/or friends

- Frequency of visits: 52% received no visits or a visit of less than one hour per week

# How often do you see your family



**Percent** (y-axis)

**How often do you see your family** (x-axis)

Categories: Never, less than 3 times a year, Monthly, weekly, 2- 4 times a week, Daily, I live with my family

# Analysis of paid care

**What has been the most important thing about the care you receive?**

|  | Frequency | Percent |
|---|---|---|
| The relationship | 21 | 52.5 |
| Consistency | 14 | 35.0 |
| Attitude of the staff | 5 | 12.5 |
| Total | 40 | 100.0 |

# MYCAW Questionnaire

- Please write down one or two concerns or problems which you would most like us to help you with?

- How would you rate your general  wellbeing within the last week?

- Likhert scale 0-7

# Categories

- Category ,1. Inability to go out.

- Category ,2. Loneliness

- Category ,3. Inability to care for self or others

# Categories

- The first category *the inability to go out*, included inability to visit friends or participate in activities such as church going or visiting the pub (n=18).

- Not surprisingly loneliness  (n=14).

- The third category was the concern about the ability to care for one's self others or the garden (n=12) .

# Well-being findings

*How would you rate your general feeling of wellbeing ?*

*Finding :Strong association*

## *Physical well-being*

*No association between the individuals physical health and subjective well-being*

| Core Theme | Model of Care | Social Interaction | Well-being concerns | Relationship |
|---|---|---|---|---|
| **Sub Theme** | Issues raised about outcome-focused care

Issues raised about time/task care | Formal carers

Trust & sense of intimacy | What concerns were expressed | Family social isolation Informal care |

# Qualitative Data
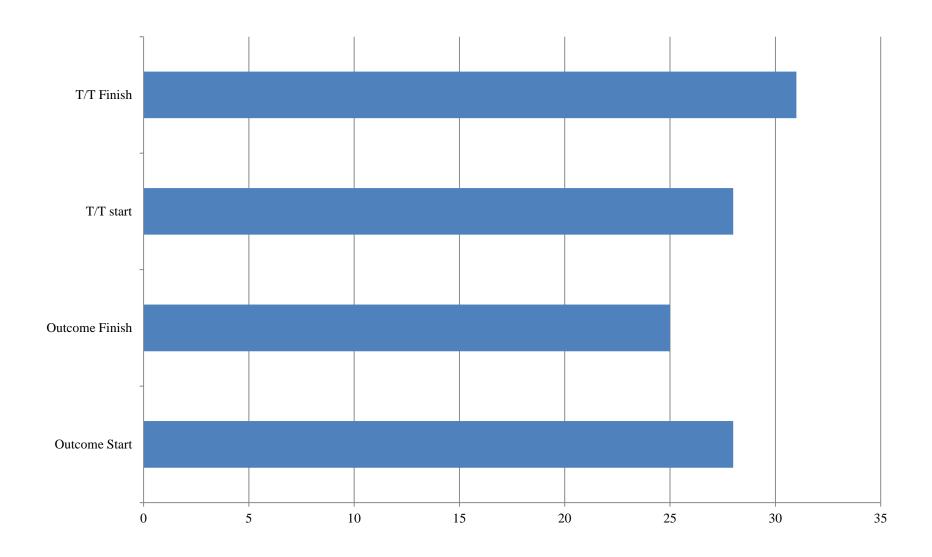
- Please look at the sheets provided

# Part 2:

# Participant Observations

- 24 hours of Participant Observation were also undertaken

- Homecare workers from both Outcome-focused teams and existing Time/task teams were observed over a working day delivering care to service users.

# Duration of paid care visits

| Worker | Allotted time with participant in hours | Actual time spent with participant |
|---|---|---|
| OF homecare worker 1 | 4 | 4 |
| OF homecare worker 2 | 3 | 3 |
| OF homecare worker 3 | 3 | 3 |
| OF homecare worker 4 | 4 | 5 |
| T/T homecare worker 1 | 3 | 1.5 |
| T/T homecare worker 2 | 4 | 2.5 |
| T/T homecare worker 3 | 4 | 2 |
| T/T homecare worker 4 | 4 | 2.5 |

# Hours Used

# Introductions time/task

" Hiya I am Becky let's get you washed." or " I'm Michelle where are your clothes your wearing today. In all the cases no attempts were made to strike up any conversation that was not directly focused on the task.

Both time/task staff were asked the following question. "I noted that you tend to focus on the task and this sometimes means you don't interact in conversation with the service user much, why is that ?

*"You have got to. These old dears will chat non- stop, they just don't realise you got to get things done, and it slows you down too much,"*

*"You just don't have time to chat and it means you appear less professional chatting, I learnt that when I was a nursing assistant, don't get involved with the patient keep your distance."*

# Introductions outcome-focus

*"Hello Doris how are you, did you see Coronation Street on Sunday."*

*"Hiya David it's only me, it's cold today do you need your heating adjusting."*

*The outcome-focused staff were asked; "Your conversation is broader than just the completion of tasks why is this?"*

*"It just feels natural as you have to fill the time once the task is done.*

*" I don't know I just do."*

# Interactions

- I decided to record the length of conversation between the participant and the homecare worker. In addition to this the content of the conversation was broken down into 4 categories;

- Dialogue predominantly focused on care.
- Dialogue focused on both care and non-related subjects.
- Dialogue focused on topics other than care
- No conversation

# Dialogue Breakdown

| Participant Group (Conversation over 1 hour period) | Dialogue predominantly Focused care (in minutes) | Dialogue on both care and non-related topics (in minutes) | Dialogue focused on topics other than care (in minutes) | No conversation | Time total of conversation |
|---|---|---|---|---|---|
| Time /task | 20 | 05 | 00 | 35 | 25 |
| Time /task | 30 | 07 | 03 | 20 | 40 |
| Time /task | 18 | 07 | 00 | 27 | 23 |
| Time /task | 15 | 10 | 00 | 35 | 25 |
| Time /task | 38 | 00 | 00 | 22 | 38 |
| Outcome/focused | 10 | 15 | 20 | 15 | 45 |
| Outcome/focused | 15 | 10 | 30 | 05 | 55 |
| Outcome/focused | 16 | 8 | 30 | 06 | 54 |
| Outcome/focused | 11 | 10 | 35 | 04 | 56 |
| Outcome/focused | 20 | 06 | 23 | 09 | 51 |

# Context of the intervention

- Realistic evaluation concerned with Context, mechanism and outcomes of intervention program (Kazi,2003)


- This presentation is concerned with the professional context that the intervention occurred within.

# Data Gathering

- Two Focus groups of 10(n=20) social workers responsible for the commissioning of care.

- 4 individual interviews with social workers who purchased outcome-focus care for the service users.

- Two interviews with the team managers.

- Two interviews with the Director of Adult Care and the Head of Commissioning.

# Focus Group standard questions

- *"What do you understand by the term outcome-focused care?"*

- *"Can you explain what the difference is between outcome-focused care and the current time and task model?"*

- *"Do you see these two models as having different strengths and weaknesses?"*

# Response to first question

- A basic understanding of the model

- Very limited training in one team, and cascade training for the second.

- None of the social workers had read any research some since qualifying and  some  not since completing PQ awards.

# Theme of Power and control

- *The outcomes are defined by us the social worker or you would have no control over the care package."(SW1)*
- *"Yes I agree it is still our package of care as assessed by us, with some adaptations by the service users."(SW3)*
- *"It is our assessment so the outcomes are dependent upon what we assess is needed."(SW4).*

# Second Focus Group responses

- *"I'm worried that as we give all the power and control to the service users that we will be left with all the responsibility but no power to influence decisions being made."*

- *"It is typical management undermining, this is a new way of working, you have no power in it and we (the local authority) don't care."*

- *I agree it is linked to this management culture, and what that means is we (social workers) are powerless to do anything but watch our jobs disappear down the plug hole."*

# Different viewpoints (minority views)

- *"No I don't agree it is about us passing over control of the care package to the service user, so that they can set the agenda or outcome to suit them. We are just there to hold the ring and facilitate the care." (SW2)*

- *"Yes, it is about us brokering the care and ensuring that what the person wants is what they get, we are not the experts in control, we are like the shop assistant showing the different shoes to the customer, they just choose them."(SW6)*

# Responses to the remaining questions

- General agreement outcome-focus care better for service user.

- Grave concern about passing power and control to homecare workers and service users

- Fear of loss of role and purpose

# Team managers and Individual interviews

Given the time constraints I will condense these findings with a quick verbal summary.

# Directors response

- " We needed the find a unique selling point for our in-house homecare provision ,which is going to be floated off as a social enterprise and become a wholly own company and I suspect eventually privatised as a social firm. Our concern was that our services are more expensive than our competitors. An agreement has been reached to protect our local authority contracts for two years, after this period we will be open to market forces. So myself and Bill (head of Commissioning) attended a conference and there was a presentation by a provider who had implemented the outcome model, we listened to it and felt that we could use this as our unique marketing point, to set us apart from our competitors. "

# Are the considered changes a response to government policy?"

- *"I believe the move is towards a very mixed market within social care especially here we are a conservative authority. By a mixed market I mean private companies and the third sector. The in-house service if it to survive in any form has to be a high end provision that people will pay for. This is very much liked too the personalisation of adult care, we won't recognise the sector in 10 years from now." (Director Adult Care)*

# What future role do you see for social workers ?

- *"That's something we have been considering, at present the legislation requires them. So we need to change the legislation and with it their role. The authority did look at privatising the assessment side, having them form some form of brokerage scheme or moving them into the third sector, but health are resisting this at the moment. I am not sure there is a long-term need for them with personalisation in their existing form." (AD).*

# Second response

- *"There is a real time lag between the personalisation and changes and the current role and I suppose training of social workers. They need to have more commercial savvy. I think if they survive it will be as brokers running their own practice. There might remain a statutory role for them as regulators in adult care but I think that is it."*
- (Head of Commissioning)

# Comments of others

*" There is a tension between the aspiration to professionalise social work and the freedom of direct payment holders and their families to seek unqualified workers."*

*" The move towards personal; budgets giving people greater choice and control over the care they receive- presents significant challenges for both service providers and those who hold the purse strings."*
Alex Fox CEO Shared Lives (2012:39)

# Overview

- Focus groups were inward looking concerned with the profession ,and secondary consideration was the benefits for service users.

- Managers concerned more about what was the easiest to manage over benefits for service users.

- Senior managers used market driven language with the benefit of the model seen as bi-product.

- Individual interviews with social workers painted a much more service user focused position.

# Sources

Gethin-Jones, S. (2012) Outcomes and well-being part 1: a comparative longitudinal study of two modes of homecare delivery and their impact upon the older persons subjective well-being. *Working with Older People,* 16 (1); 22-31

Gethin-Jones, S. (2012) Outcomes and well-being part 2: a comparative longitudinal study of two models of homecare delivery and their impact upon the older person self-reported subjective well-being. A qualitative follow up study paper. Working with Older People *. 16 (2),* pp. 52-61,

Glendinning, C. Clarke,S. Hare,P. Kotchetkova,I. J Maddison,J and  Newbronner,L( 2007) SCIE Knowledge review 13: Outcomes-focused services for older people .
http://www.scie.org.uk/publications/knowledgereviews/kr13.asp [ accessed,12.1.12]

Fox ,A. (2012) Personal budgets; flexibility helps to bridge the divide. *Public Servant* 1: 39

Kazi,M. (2003) *Realistic Evaluation in Practice: Health and Social work.* London, Sage.