

Care management arrangements for people with physical and sensory disabilities: results of a national study

Chengqiu Xie¹, Jane Hughes¹, David Challis¹, and Karen Stewart²

¹ Personal Social Services Research Unit, School of Medicine, University of Manchester

² Formerly of Personal Social Services Research Unit

Abstract

Care management has been an important component of the government's community care policy yet little is known about its implementation in services for people with physical and sensory disabilities. The study sought to fill this information gap by reporting a national survey of care management arrangements for these users around a previously devised framework. Marked variations were found in many aspects of care management arrangements, along with a lack of a differentiated approach and limited authority of care managers to allocate services responsively. The findings also suggest that some aspects of care management arrangements are less advanced in services for this user group than for people with learning disabilities. These results are discussed in the context of relevant policy initiatives and literature. Further evaluation studies on care management to inform future decision-making are indicated by this research. The limitations of the study are also acknowledged.

Keywords: Care management, physical and sensory disabilities, social care, social services

Introduction

The individualisation of support for people with physical and sensory disabilities has achieved greater prominence in recent policy, with a concern to expand direct payments and new initiatives to develop individual budgets to increase choice and the range of support available (Cm 6499, 2005; Cm 6737, 2006). Since the inception of the community care reforms of the 1990s, the assessment of need and planning of social care support has increasingly been delivered through care management arrangements (Cm 849, 1989; Cm 4169, 1998). Nevertheless, despite its importance, surprisingly limited information is available on care management arrangements in services for people with physical and sensory disabilities. Much of the available information is found in government inspection reports which describe the services available for users with specific needs rather than a more global review of

assessment and care management arrangements. These reports include an initial special report of the implementation of community care for younger people with physical and sensory disabilities (SSI/NHSME, 1993); and a number of inspections of services for people with multiple impairments (SSI, 1993), disabled young adults and their carers (SSI, 1995), physically disabled people (SSI, 1996), deaf and hard of hearing people (SSI, 1997), and adults who are visually impaired or blind (SSI, 1998). The inspection of independent living arrangements for younger disabled people (SSI, 2000) and the performance of social care services for physically and sensory disabled people (SSI, 2003) provide more recent information on service development. In general, the inspections revealed a large degree of variation in care management practice among local authorities. These included differences in approaches to assessment both in terms of the levels of assessment and the assessors

(SSI, 1995 & 1996); the extent to which care plans addressed the needs of carers; the range of agencies providing support (SSI, 1996) and the specification of intended outcomes (SSI, 1993 & 2000); monitoring procedures; and the frequency of and agencies involved in reviews (SSI, 1993 & 2000). Additionally, the inspections found little evidence of strategic inter-agency work (SSI, 1996 & 2000) and particularly partnerships with NHS organisations (SSI *et al.*, 2004), and there was a lack of clarity about who 'managed' care packages (SSI, 1995 & 1996). Other findings included the shortage of skilled staff (SSI/NHSME, 1993; SSI, 2003) and confusion over the role of specialist practitioners such as occupational therapists (OTs) in the assessment and care management processes (SSI, 2000 & 2003). The latter was confirmed in a separate study (Mountain, 2000). Overall, the whole process was seen as lacking an holistic approach to the needs of users and carers (SSI, 2000 & 2003).

There are very few peer-reviewed empirical studies on the provision of co-ordinated care for people with physical and sensory disabilities. A recent quasi-systematic review of such studies on adult social care published 1990-2003 (data 1990-2001) identified only a small number of studies on care management arrangements for people with physical and sensory disabilities (Challis *et al.*, 2004). Furthermore, these tended to focus on access to assessment and are not always exclusive to services for people with physical and sensory disabilities (Rummery, 1997; Ellis *et al.*, 1999; Rummery *et al.*, 1999). As described above, although government inspection reports provided some valuable insight into care management arrangements in services for this particular user group, they are usually based on selective samples and none focused primarily on care management arrangements. Against this background, the aims of this paper are twofold. Firstly, it aims to provide a national picture of care management arrangements in services for

people with physical and sensory disabilities, using a framework devised to reflect the key dimensions and indicators of care management arrangements (Challis *et al.*, 1998a). Secondly, it reviews these findings in the context of care management arrangements for the three other principal adult user groups since this is the final report in the series (Weiner *et al.*, 2002; Venables *et al.*, 2005; Xie *et al.*, 2007).

Research methods

The survey

This paper is based on a postal survey of services for disabled adults in England, between the ages of 18 and 65 years, where physical disability and/or sensory impairment is the predominant disability (referred to as people with physical and sensory disabilities hereafter). It was designed to reflect current policy guidelines for this user group and complement an earlier survey of care management arrangements for all adult user groups (Challis *et al.*, 1998b). Questionnaires were sent to all English councils with social services responsibilities in 2003/4, and they were completed by officers with a lead responsibility for services for people with physical and sensory disabilities. Findings related to care management arrangements are reported in the present paper. They are presented sequentially along three key dimensions of care management: organisational arrangements, performance of the core tasks of care management, and the degree of differentiation within the process (Challis *et al.*, 1998a). These are summarised in Figure 1. The operational definitions of the indicators are given where appropriate.

Findings

Response rate by type of authority

One hundred and twenty completed questionnaires were returned by April 2004,

a response rate of 81%, as shown in Table 1. However, whilst over 90% of metropolitan and county councils responded to the physical and sensory disability survey, the figure for London boroughs was just under 60%.

Figure 1 Key Indicators of the implementation of care management

Care management attribute	Indicator variable
Organisational arrangements:	
Record of innovation	Care management before 1993 (including pilot schemes)
Purchaser/provider split	Date of introduction for domiciliary care
Level of authority to purchase	Lowest level for community based care packages
Performance of core tasks:	
Staff mix	Qualification and agency
Tiers of assessment	Number of levels for services for disabled adults
Reviews	Extent of arrangements for community based and residential care for disabled adults
Continuity	Across assessment and care management tasks for disabled adults
Role or process	Job title or organisational arrangements
Clinical or administrative	Acknowledgement (or not) of social work skills
Degree of differentiation:	
Specialism	Care management staff based in specialist disabled adult teams
Targeting	None, focused
Caseload size	Average active caseload size for disabled adults
Intensive care management	Small caseload, high needs service purchased or provided for disabled adults
Selective care management	Service provided to some, but not the majority of service users

Table 1 Response rate by social service local authority type

	Type of Local Authority				Total
	London boroughs	Metropolitan districts	Counties	New local authorities	
Total authorities	33	36	34	46	149
Number of respondents	19	33	31	37	120
Response rate (%)	58	92	91	80	81

Organisational arrangements

The indicator of organisational arrangements - the level of authority to purchase care packages - was operationalised as care managers' authority to allocate services, to reflect the extent of budgetary devolution to front line staff. As shown in Table 2, the percentage of respondents indicating that all elements of services could be allocated by such staff was small, 3% for both in-house and external services. However, nearly 60% of respondents indicated that care managers could commit no external services and nearly half stated that this was the case in respect of in-house services. Additionally, only a fifth of local authorities reported that care managers could allocate direct payments to implement a care package without consultation with a first line manager or other more senior person.

Performance of core tasks

Two types of information are reported in this section: who undertakes care management and the nature of care management in services for people with physical and sensory disabilities. In terms of staff mix, as shown in Table 3, almost all local authorities reported the potential involvement of both social services and health staff in undertaking assessments. However, further examination revealed that health staff were always involved in the assessment of people with physical and sensory disabilities in only one fifth of the local authorities: in the remainder, health staff were only sometimes involved. The involvement of housing, employment and education agencies in the assessment process was very limited. Nearly a quarter of respondents (24%) reported that they did not involve colleagues from education or employment in the assessment of adults with physical and sensory disabilities. It is also relevant to note that only 13% of the respondents reported having NHS staff

working as care managers, whilst 57% reported having Social Services Department (SSD) employed OTs acting as care managers.

With regard to the nature of care management arrangements, as Table 3 indicates, nearly two thirds (64%) of the respondents considered care management to be a *specific job undertaken by designated members of staff called care managers*, and three quarters (75%) described it as *a set of standardised procedures and protocols applied for all service users*. Just over two thirds (68%) thought it *necessarily encompassed a social work style and approach* in services for people with physical and sensory disabilities.

Degree of differentiation

This dimension is defined as the extent to which care management arrangements vary according to the needs of the individuals who receive them, and three of the five indicators are measured in the present survey: the degree of specialisation by team; the extent of intensive care management arrangements; and indicators of selective care management.

Table 2 Organisational arrangements

Indicator of care management system	% of authorities
Authority to purchase	
<i>Authority of basic grade staff in disabled adult services to allocate directly provided services</i>	
All services	3
Some services	41
1 or 2 services	9
None	48
<i>Authority of basic grade staff in disabled adult services to allocate external services</i>	
All services	3
Some services	31
1 or 2 services	8
None	59
<i>Authority of basic grade staff in disabled adult services to allocate direct payments</i>	
Yes	20
No	80

Table 3 Performance of core tasks

System indicator	% of authorities		
Staff mix			
<i>Agencies involved in assessment</i>			
	Always	Sometimes	Never
SSD	88	12	0
Health	20	79	1
Housing	1	89	10
Education	2	74	24
Employment	1	75	24
<i>NHS care managers in disabled adult services</i>			13
<i>Occupational therapists in SSD acting as care managers</i>			57
Role or process			
Care management in disabled adult services is a specific job undertaken by designated members of staff called care managers			64
A set of standardized procedures and protocols applied for all service users			75
Clinical or administrative approach			
Care management in disabled adult services necessarily encompasses a social work style and approach			68

Table 4 Degree of differentiation of care management approach

Attribute of care management approach	% of authorities
Specialist teams for services to disabled adults	
<i>Primary location of care managers or those undertaking the equivalent role</i>	
Specialist disability team in SSD	74
Hospital	50
Generic adult services team in SSD	41
Multi-agency community disability team	20
Primary care	11
Day services	6
<i>Assessment and care management for people with dual sensory impairments</i>	
By a specialist team for adults with these sensory impairments	63
By specialist staff within a physical disability team	24
By an agent offering a specialist service (e.g. a voluntary organization)	24
By a generic team	2
Intensive care management in disabled adult services	
A complex co-ordinating activity such that caseloads are small	20
People with complex needs receive intensive help different from other users	37
Selective care management in disabled adult services	
<i>Description of care management arrangements</i>	
Care management provided to a limited number of service users	11
Care management provided to a majority of service users	73

Specialisation is indicated by the primary location of care managers or their equivalent for people with physical and sensory disabilities. As Table 4 shows, nearly three quarters (74%) of respondents reported that care managers or their equivalent were based in specialist disability teams within the local authority, half reported that they were based in hospital, two fifths (41%) in generic adult teams, and one fifth in multi-agency community disability teams. Other locations included primary care and day services, at 11% and 6% respectively. The degree of specialisation is further illustrated by local authorities' care management arrangements for people with dual sensory impairments, whose needs are, by definition, complex. Nearly two thirds (63%) of the respondents reported that assessment and care management for this particular group of people was provided by a specialist team for people with these

sensory impairments and about a quarter (24%) by staff within a physical disability team. This service was also reported as provided by an agent offering a specialist service by about a quarter (24%) of respondents.

Intensive care management was defined as a specialist care management service working exclusively with people with high needs undertaken by staff who carry small caseloads. In the present study, one fifth of authorities considered care management as *an activity involving the co-ordination and delivery and monitoring of services to a degree of complexity, such that caseloads are, as a consequence, small*. However, 37% of the respondents reported that the statement *an activity by which people with complex needs receive intensive help*

different in nature and scope to other service users described their departments' care management arrangements. A more precise indicator was not available.

Selective care management, referring to the use of assessment and care management arrangements for only a proportion of service users, was measured by whether the respondents perceived care management as a response provided to the majority of service users or only to a limited number of users. Nearly three quarters (73%) of the respondents reported that their departments' care management arrangements would be described as *a response provided to the majority of service users*. In contrast, only 11% selected *a response provided only to a limited number of service users*. Several respondents (20%) did not specify this aspect of care management arrangements.

Discussion

The present study has provided information on some of the indicators for the three key dimensions of the care management arrangements framework. Data reported in an earlier work is available in respect of levels of assessment and reviews for the core tasks dimension, and caseload size for degree of differentiation for this user group (Challis *et al.*, 1998b & 1999). In this section the findings will be discussed in relation to findings from other studies concerning services for people with physical and/or sensory disabilities and evidence from the series of PSSRU studies of care management relating to other adult user groups. Overall, the state of care management arrangements for people with physical disability is considered and areas for further investigation highlighted. First however, the limitations of the study are discussed.

Some aspects of care management such as the content of care plans were not investigated in the present study, since these questions are deemed unsuitable for a postal

survey and would require more in-depth investigation. Furthermore, some findings relevant to care management, not included within the current framework, were not reported, such as management information and joint commissioning. Finally, the care management analytic framework (Challis *et al.*, 1998a) was only partially populated by the present study and information on some indicators was only available from an earlier work. It is also important to note that work is currently underway to amend and update the framework so as to reflect changes in both policy and service context. Notwithstanding these caveats, the use of the framework permits comparison with findings relating to care management arrangements for other user groups.

Service configuration

The present study indicated a reasonably high degree of specialisation in services for people with physical disabilities. This is consistent with a survey conducted at roughly the same time (SSI, 2003), and suggests that there has been an increase in the proportion of SSDs having specialist disability teams in recent years (Challis *et al.*, 1999; SSI, 2000). Despite this, a significant number of local authorities reported having care managers based in generic adult teams and this proportion is much higher than that in learning disability and mental health services (Venables *et al.*, 2005; Xie *et al.*, 2007), reflecting a longstanding concern about specialisation for this user group (SSI/NHSME, 1993; SSI, 2000 & 2003). Although the benefits of multi-disciplinary joint agency teams for people with physical and sensory disabilities are well-documented (SSI, 1993, 1996; Bent *et al.*, 2002; Harris *et al.*, 2005), the proportion of local authorities that reported having such teams as the primary location of care managers is small and again is much lower than that in mental health and learning disability services (Venables *et al.*, 2005; Xie *et al.*, 2007) where multidisciplinary teams have been in

existence for some time (DHSS, 1978; SSI, 2000). Earlier data makes much the same point in older people's services (Weiner *et al.*, 2002) although it appears that specialist teams in older people's services have developed subsequently (Challis *et al.*, 2007).

Local authorities are required to "ensure that when an assessment of people with dual sensory impairments is required or requested, it is carried out by a specifically trained person/team" (DH, 2001a). The present study revealed that assessment and care management for these people are provided in clearly different ways and that agencies other than SSDs still play a significant role. This is consistent with previous findings on services for people with sensory impairments (SSI, 1993, 1997 & 1998), although thus far there is insufficient evidence to suggest that any one of these approaches was superior (SSI, 1997).

Whilst specialist knowledge and skills are essential for good quality services for people with sensory impairments, there have been concerns about the marginalisation and lack of communication of these specialist staff with other colleagues within local authorities, and there have been calls for such specialist teams to be part of more general care management arrangements (SSI, 1993, 1997 & 1998). The present study indicates that a pattern of separate service provision remains prevalent in assessment and care management arrangements for people with dual sensory impairments.

Since occupational therapy services can contribute significantly to helping people achieve greater mobility and independence it is important to clarify the position of OTs in relation to the care management process (Mountain, 2000). Although over half of the authorities reported having OTs as care managers in the present study, other studies indicate that the proportion of occupational therapy services operating a dedicated care

management function was very small (4%) and that authorities varied significantly in how they deployed and used OTs (Mountain, 2000; SSI, 2000). These results indicate that a strategic shift of occupational therapy services towards a care management function has not been uniform. It has been suggested that such a shift and a more holistic vision of rehabilitation and needs could be beneficial for both service users and the OT workforce (Mountain, 2000; SSI, 2003).

In services for people with physical and sensory disabilities, the proportion of local authorities reporting having NHS staff as care managers is much lower than that in learning disability services (and lower than that in mental health and older-people's services in 1998) (Weiner *et al.*, 2002; Venables *et al.*, 2005; Xie *et al.*, 2007). This is perhaps an indication of the progress of partnership working and integration with other agencies in general and the NHS in particular at both agency and service level. Previous studies identified little evidence of strategic inter-agency work and integration in the care management processes for people with physical and sensory disabilities (SSI, 1996 & 2000). Furthermore, it has been noted that significantly less progress has been made in using Health Act Flexibilities for services for disabled people than for services for other adult groups (SSI, 2003), and that much fewer physical and sensory disability services have established formal partnerships with NHS organisations than have learning disability services (SSI *et al.*, 2004). Again this may relate to the longer history of multi-disciplinary teams in services for some user groups which provided a platform for the early development of multi-disciplinary care management (Cmnd 6233, 1975; DHSS, 1978; Cambridge, 1992), and recent national policy frameworks which emphasise partnership working (DH, 1999 & 2001b; Cm 5086, 2001).

Care management practice

Integrated assessment appropriate to the level of need has been identified as a means to achieve effective service delivery for a whole range of services (SSI/SWSG, 1991a & b; DH, 2002a). Initial guidance at the inception of the community care reforms required local authorities to move away from separate assessment procedures for different services to an integrated assessment system that offers a graded response according to the type and level of need, and allowed six levels of assessment (SSI/SWSG, 1991a & b). For people with physical and sensory disabilities, an earlier study revealed that different levels were in operation, though the pattern of variation was similar to that for other adult user groups (Challis *et al.*, 1998b). More substantial concerns emerge in a review of the evidence relating to assessment processes, both in terms of content and documentation for people with physical and sensory disabilities (SSI, 1995, 1996 & 2000). The present study confirms the evidence of a lack of inclusion of relevant agencies in the assessment processes for this user group (SSI, 1993, 1996, 2000 & 2003), contrary to policy guidance (DH, 2002a). Interestingly, the involvement of other agencies in the assessment process is less obvious in services for people with physical and sensory disabilities than in learning disability, older people's or mental health services (SSI, 2000; Weiner *et al.*, 2002; Venables *et al.*, 2005; Xie *et al.*, 2007). There have been attempts to enhance approaches to assessment for other user groups through initiatives such as the Single Assessment Process (SAP) (DH, 2002b), Person-Centred-Planning (PCP) (Cm 5086, 2001) and the Care Programme Approach (CPA) (DH, 1999), but no such initiative is evident in services for people with physical and sensory disabilities with the possible exception of those with dual sensory impairments (DH, 2001a). However, the development of the Common Assessment Framework offers an opportunity for this

since it refers to all adult service user groups (Cm 6737, 2006, para. 5.26).

The study suggests that there is only a limited degree of differentiation (as previously defined) within the care management process in services for this user group. In general, the average active caseload size in services for people with physical and sensory disabilities was similar to that in older people's services, but larger than that in learning disability and mental health services (Challis *et al.*, 1998b). Intensive care management was very rare for people with physical disabilities and almost non-existent for people with sensory impairments back in 1997, and this lack of intensive and selective care management is common to all adult user groups (Challis *et al.*, 1999; Weiner *et al.*, 2002; Venables *et al.*, 2005). Targeting, within care management, is defined as allocation of cases with different needs to different levels of staff, different levels of assessment for different types or cost of services or the use of intensive care management (Weiner *et al.*, 2002). However, the degree to which staff and resources were targeted according to user need in services for people with physical and sensory disabilities was unclear. There is also little evidence concerning this aspect of care management arrangements for adults with a physical and sensory disability in the literature (Challis *et al.*, 2004). Nonetheless, in the absence of priority statements and mechanisms for disabled people with complex needs (SSI, 1993 & 1997), it is difficult to ensure the targeting of scarce resources on those likely to be most in need. However, for those experiencing frequent hospital admissions the National Service Framework for People with Long Term conditions may address this concern, with a case management service provided by primary care based staff (DH, 2005a & b).

Tailoring services to needs

The early care management demonstration projects (Challis & Davies, 1986; Challis *et al.*, 1995, 2002a & b) indicated that individualised and person-centred packages of care were fostered by devolved budgets which permitted care managers to purchase services responsive to individual need and choice. Despite this being a key feature of responsive care management, the present study reveals that the authority of care managers to create such customised packages for people with physical and sensory disabilities was limited, confirming previous findings (SSI, 1995 & 1996). Care managers' authority to allocate direct payments also appears very limited in services for this user group. Although most users of direct payments are people with physical and sensory disabilities, the take up was still quite low, especially for people with sensory disabilities (SSI, 2003; CSCI 2004; SSI *et al.*, 2004; Riddell *et al.*, 2005). Conceivably, an increase in care managers' authority to allocate direct payments through changes in organisational arrangements and an increase in their knowledge of direct payments through training, would enhance the take-up rate of direct payments (SSI, 2000 & 2003; CSCI, 2004).

Moreover, it is possible that the emergence of individual budgets as a tool to increase the flexibility and range of support available may contribute to greater responsiveness within care management arrangements, and provide both an environment for its further development (Cm 6499, 2005; Cm 6737, 2006; Glendinning *et al.*, 2007; SCIE, 2007) and a framework whereby some of the gains of early care management research may be realised (Challis, 2003). Indeed this could provide an impetus for services for people with physical and sensory disabilities to make considerable progress.

Progress and prospects

This study has attempted to provide an overall picture of care management arrangements in services for people with physical and sensory disabilities in England, with information on aspects of care management that have never been systematically investigated before. The findings reveal marked variations in care management arrangements in services for this user group. Local authorities differed in almost all indicators along the three dimensions of care management arrangements identified in Figure 1, with the exception of an almost universal absence of both intensive and selective care management, and evidence of the limited authority of care managers to develop services responsive to individual needs. These findings are consistent with other studies concerning this user group (SSI, 1996 & 2000), and the pattern of variation of care management arrangements is broadly similar to that in services for other user groups (Weiner *et al.*, 2002; Venables *et al.*, 2005; Xie *et al.*, 2007). These variations may have at least partly resulted from the lack of specificity in the guidance on care management which permitted much latitude of interpretation and encouraged local authorities to test a variety of arrangements (SSI/SWSG, 1991a & b; Welch, 1998).

Overall, the findings support the view that care management arrangements in services for people with physical and sensory disabilities lag behind services for people with learning disabilities surveyed at the same time (Xie *et al.*, 2007). Indeed, available evidence tends to suggest that services for people with physical and sensory disabilities are less advanced than services for other user groups, both in terms of care management arrangements and many other aspects of service development (Beardshaw, 1988; SSI, 2000 & 2003; Challis *et al.*, 2005a & b). Possible reasons for this state of affairs include the low

priority given to this user group in the implementation of care management in the 1990s, and the lack of a national policy framework driving developments in physical and sensory disability services in recent years (SSI/NHSME, 1993; SSI, 1996, 2000 & 2003).

Now, more than a decade after the implementation of the community care reforms, further studies on the evaluation of different approaches to care management and care management in general are needed, to address concerns over the effectiveness of different approaches to care management, and to provide evidence for future policy development (Marshall *et al.*, 1995; Baldwin, 2000; Lloyd, 2000; Challis, 2003; Greco & Sloper, 2004). This is especially true for services for people with physical and sensory disabilities in that early UK care management experience was drawn largely from older people's services, and had not been systematically evaluated in disabled adult services. Interestingly, a recent care management study with a focus on outcomes has achieved some promising early results for people with physical and sensory disabilities (Harris *et al.*, 2005). Future studies will need to take into account the potential impact of recent policy initiatives issued after this study was conducted, particularly individual budgets, the introduction of self-assessment techniques and new approaches to care management (Cm 6737, 2006).

Acknowledgements

The PSSRU receives funding from the Department of Health. We are most grateful to the local authorities and their staff for their participation in the research, to Irene Pedersen for her assistance in data collection, and to Suzy Braye and Iseult Cocking for their comments on the questionnaire. Responsibility for the paper is the authors' alone.

References

- Baldwin, M. (2000) *Care Management and Community Care: Social Work Discretion and the Construction of Policy*, Aldershot: Ashgate.
- Beardshaw, V. (1988) *Last on the List: Community Services for People with Physical Disabilities*, London: King's Fund Institute.
- Bent, N., Tennant, A., Swift, T. & Chamberlain, A. (2002) 'Does type of provision affect the participation of physically disabled young adults?', *Clinical Rehabilitation*, **16**(1), p.115.
- Cambridge, P. (1992) 'Case management in community services: organizational responses', *British Journal of Social Work*, **22**(5), pp.495-517.
- Challis, D. (2003) 'Achieving Co-ordinated and Integrated Care among Long Term Care Services: the Role of Care Management', in Brodsky, J., Habib, J. & Hirschfeld, M. (eds.), *Key Policy Issues in Long Term Care*, Geneva: World Health Organisation, pp.139-90.
- Challis, D. & Davies, B. (1986) *Case Management in Community Care*, Aldershot: Gower.
- Challis, D., Darton, R., Johnson, L., Stone, M. & Traske, K. (1995) *Care Management and Health Care of Older People*, Aldershot: Ashgate.
- Challis, D., Darton, R., Hughes, J., Huxley, P. & Stewart, K. (1998a) 'Emerging models of care management for older people and those with mental health problems in the United Kingdom', *Journal of Case Management*, **7**(4), pp.153-60.
- Challis, D., Darton, R., Hughes, J., Stewart, K. & Weiner, K. (1998b) *Care Management Study: Report on National Data*, London: Department of Health.
- Challis, D., Darton, R., Hughes, J., Stewart, K. & Weiner, K. (1999) *Mapping and Evaluation of Care Management Arrangements for Older People and Those with Mental Health Problems: An Overview of Care Management Arrangements*, report submitted to the Department of Health, PSSRU, University of Manchester, Discussion Paper 1519/M009.
- Challis, D., Chesterman, R., Lockett, R., Stewart, K. & Chessum, R. (2002a) *Care Management in Social and Primary Health Care*, Aldershot: Ashgate.

- Challis, D., von Abendorff, R., Brown, P., Chesterman, J. & Hughes, J. (2002b) 'Care management, dementia care and specialist mental health services: an evaluation', *International Journal of Geriatric Psychiatry*, **17**(4), pp.315-25.
- Challis, D., Xie, C., Hughes, J., Jacobs, S., Reilly, S. & Stewart, K. (2004) *Social Care Services at the Beginning of the 21st Century - Findings*, report to the Department of Health, PSSRU, University of Manchester, Discussion Paper M098.
- Challis, D., Xie, C., Hughes, J., Jacobs, S., Reilly, S. & Stewart, K. (2005a) *Social Care Services at the Beginning of the 21st Century - Executive Summary*, PSSRU, University of Manchester, Discussion Paper M104, accessed 07/11/2007 at http://www.pssru.ac.uk/pdf/MCpdfs/EXECUTIVE_SUMMARY.pdf.
- Challis, D., Xie, C., Hughes, J., Jacobs, S., Reilly, S. & Stewart, K. (2005b) *Social Care Services at the Beginning of the 21st Century - Summary and Conclusions*, report to the Department of Health, PSSRU, University of Manchester, Discussion Paper M105.
- Challis, D., Hughes, J., Jacobs, S., Stewart, K. & Weiner, K. (2007) 'Are different forms of care management for older people in England associated with variations in case-mix, service use and care managers' use of time?', *Ageing and Society*, **27**(1), pp.25-48.
- Cm 849 (1989) *Caring for People*, London: HMSO.
- Cm 4169 (1998) *Modernising Social Services. Promoting Independence, Improving Protection, Raising Standards*, London: Stationery Office.
- Cm 5086 (2001) *Valuing People: A New Strategy for Learning Disability for the 21st Century*, London: The Stationery Office.
- Cm 6499 (2005) *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England*, London: Department of Health.
- Cm 6737 (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*, London: Department of Health.
- Cmnd 6233 (1975) *Better Services for the Mentally Ill*, London: HMSO.
- Commission for Social Care Inspection (2004) *Direct Payments: What Are the Barriers?* London: CSCI.
- Department of Health (1999) *Effective Care Co-ordination in Mental Health Services: Modernising the Care Programme Approach. A Policy Booklet*, London: Department of Health.
- Department of Health (2001a) *Social Care for Deafblind Children and Adults*, LAC (2001)8, London: Department of Health.
- Department of Health (2001b) *National Service Framework for Older People*, London: Department of Health.
- Department of Health (2002a) *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care*, LAC (2002)13, London: Department of Health.
- Department of Health (2002b) *Guidance on the Single Assessment Process for Older People*, HSC2002/001; LAC (2002)1, London: Department of Health.
- Department of Health (2005a) *The National Service Framework for Long Term Conditions*, London: Department of Health.
- Department of Health (2005b) *Supporting People with Long Term Conditions: An NHS and Social Care Model to Support Local Innovation and Integration*, London: Department of Health.
- Department of Health and Social Security (1978) *Development Team for the Mentally Handicapped, First Report: 1976-77*, London: HMSO.
- Ellis, K., Davis, A. & Rummery, K. (1999) 'Needs assessment, street-level bureaucracy and the new community care', *Social Policy and Administration*, **33**(3), pp.262-80.
- Glendinning, C., Challis, D., Fernández, J., Jones, K., Knapp, M., Manthorpe, J., Netten, A., Stevens, M. & Wilberforce, M. (2007) 'Evaluating the individual budget pilot projects', *Journal of Care Services Management*, **1**(2), pp.123-8.
- Greco, V. & Sloper, P. (2004) 'Care co-ordination and key worker schemes for disabled children: results of a UK-wide survey', *Child Care, Health and Development*, **30**(1), pp.13-20.
- Harris, J., Foster, M., Jackson, K. & Morgan, H. (2005) *Outcomes for Disabled Service Users*, Department of Health Final Report, SPRU, University of York.

- Lloyd, M. (2000) 'Where has all the care management gone? The challenge of Parkinson's Disease to the health and social care interface', *British Journal of Social Work*, **30**(6), pp.737-54.
- Marshall, M., Lockwood, A. & Gath, D. (1995) 'Social services case-management for long-term disorders: a randomised controlled trial', *The Lancet*, **345**(Feb. 18), pp.409-12.
- Mountain, G. (2000) *Occupational Therapy in Social Services Departments: A Review of the Literature*, London: College of Occupational Therapists, Centre for Evidence-Based Social Services, University of Exeter.
- Riddell, S., Pearson, C., Jolly, D., Barnes, C., Priestley, M. & Mercer, G. (2005) 'The development of Direct Payments in the UK: implications for social justice', *Social Policy and Society*, **4**(1), pp.75-85.
- Rummery, K. (1997) 'Accessing assessment: the perspectives of practitioners, disabled people and carers', *Social Services Research*, **2**(1), pp.11-21.
- Rummery, K., Ellis, K. & Davis, A. (1999) 'Negotiating access to community care assessments: perspectives of front-line workers, people with a disability and carers', *Health and Social Care in the Community*, **7**(4), pp.296-300.
- Social Care Institute for Excellence (2007) *Choice, Control and Individual Budgets: Emerging Themes*, Research Briefing 20, London: SCIE.
- Social Services Inspectorate (1993) "Whose Life Is It Anyway?" *A Report of an Inspection of Services for People with Multiple Impairments*, London: Department of Health.
- Social Services Inspectorate (1995) *Searching for Service: An Inspection of Social Services for Disabled Young Adults and Their Carers*, London: Department of Health.
- Social Services Inspectorate (1996) *Progressing Services with Physically Disabled People. Report on Inspections of Community Services for Physically Disabled People*, London: Department of Health.
- Social Services Inspectorate (1997) *A Service on the Edge: Inspection of Services for Deaf and Hard of Hearing People*, London: Department of Health.
- Social Services Inspectorate (1998) *A Sharper Focus: Inspection of Services for Adults Who Are Visually Impaired or Blind*, London: Department of Health.
- Social Services Inspectorate (2000) *New Directions for Independent Living. Inspection of Independent Living Arrangements for Younger Disabled People*, London: Department of Health.
- Social Services Inspectorate (2003) *Independence Matters: An Overview of the Performance of Social Care Services for Physically and Sensory Disabled People*, London: Department of Health.
- Social Services Inspectorate, Joint Reviews of Social Services & National Care Standards Commission (2004) *All Our Lives: Social Care in England - 2002-2003*, London: Department of Health.
- SSI/NHSME (1993) *Implementing Community Care for Younger People with Physical and Sensory Disabilities: Report and Findings of the SSI/NHSME Special Report*, London: Department of Health.
- Social Services Inspectorate and Social Work Services Group (1991a) *Care Management and Assessment: Managers' Guide*, London: HMSO.
- Social Services Inspectorate and Social Work Services Group (1991b) *Care Management and Assessment: Practitioners' Guide*, London: HMSO.
- Venables, D., Stewart, K., Hughes, J., Weiner, K., Darton, R. & Challis, D. (2005) 'Variations in care management arrangements for people with mental health problems in England', *Care Management Journals*, **6**(3), pp.131-8.
- Weiner, K., Stewart, K., Hughes, J., Challis, D. & Darton, R. (2002) 'Care management arrangements for older people in England: key areas of variation in a national study', *Ageing & Society*, **22**(4), pp.419-39.
- Welch, B. (1998) 'Care Management and Community Care: Current Issues', in Challis, D., Darton, R. & Stewart, K. (eds.), *Community Care, Secondary Health Care and Care Management*, Ashgate: Aldershot, pp.11-24.
- Xie, C., Hughes, J., Challis, D., Stewart, K. & Cambridge, P. (2007) 'Care management arrangements in learning disability services: results of a national study', *Journal of Applied Research in Intellectual Disabilities*, OnlineEarly published 02 Aug. 2007, doi: 10.1111/j.1468-3148.2007.00391.x.

Notes on Contributors

Chengqiu Xie PhD, BSc, is a research associate at the Personal Social Services Research Unit, University of Manchester. Her research interests include the state of adult social care (research), hospital discharge, and care coordination and care management. She has previously worked in the area of social and organisational psychology.

Jane Hughes MSc, BA, DSW, CQSW, is a registered social worker and lecturer in community care research in the Personal Social Services Research Unit, University of Manchester. Currently her principal research activities are centred on services for vulnerable older people living at home.

David Challis PhD, MSc, BA, Cert PSW, CQSW, Cert ED, is Professor of Community Care Research and Director of the Personal Social Services Research Unit at the University of Manchester. He has undertaken the development and evaluation of a series of studies of community based care for older people which provided alternatives to hospital and nursing home care. Currently he is responsible for national studies of care coordination in older people's services and evaluation of assessment procedures in England.

Karen Stewart BA, MA, was a Research Fellow at PSSRU at the University of Kent and then University of Manchester for 17 years. She worked on a series of studies of long term support, care coordination and case management in older people's services, and support for carers.

Address for Correspondence

Chengqiu Xie
Research Associate
PSSRU
Dover Street Building
University of Manchester
Manchester M13, 9PL
Email: Chengqiu.Xie@Manchester.ac.uk