

Recording Outcomes in Care and Support Planning and Review

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Recording outcomes: the critical link between engagement and improvement

Recording is an essential task in human services. It helps to focus the work of staff and supports effective partnership and planning with people who use services. When adopting an outcomes focused approach, practitioners should be encouraged to use recording as an analytical tool and as a way of clarifying the purpose of their interventions. In addition to its role in supporting values and principles of professional practice, recording ensures that there is a documented account of work undertaken. It supports continuity when there is a change of staff and provides a means for managers to monitor work. It becomes a major source of evidence when there are critical incidents or enquiries. Recording is also necessary for planning, monitoring and reviewing progress, at individual, service, organisational and locality levels.

Over the past five years in Scotland, work has progressed on developing an approach to outcomes based working called Talking Points. Recording has been identified as one of three key elements essential to maximising the benefits of an outcomes approach. The diagram below shows the interactivity between the three key elements, which will form the three key sections of this report:

- outcomes focused engagement (to develop, implement and monitor an individual plan)
- · the recording of the outcomes following assessment and planning and review
- the use of that collated information for a range of purposes including planning, commissioning, accountability and performance improvement

The relationship between the three elements is not linear, but is best understood as a circuit. To complete the circuit, the collated information can be reported back to staff who gain improved understanding of how they influence outcomes, and how the information can be used to improve services, which in turn can influence recording.

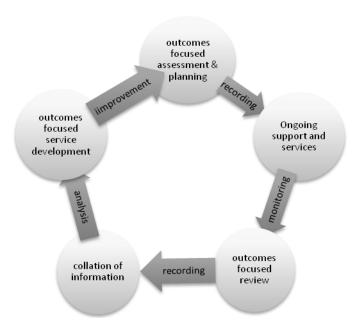


Figure 1: Recording as a critical link in outcomes based working

Brief consideration will now be given to the importance of the conversation in outcomes based working, before going on to the main section on recording.

1 Outcomes focused engagement: the conversation

Before considering challenges in recording outcomes, it is worth revisiting the importance of engaging with service users and carers to identify what matters. The conversation which underpins assessment, support planning and review provides the basis for working together to ensure the greatest independence and best quality of life possible. We know from research that being listened to and included in decision-making, really matter to people, particularly when facing difficulties in their lives. With regard to outcomes based working, the individual should also be encouraged to participate in identifying what actions might support achievement of their outcomes, building on and developing their strengths and capacities (Miller 2011).

From a staff perspective, outcomes focused work involves building a relationship with the individual and actively listening to their 'story'. The ability to be a 'good listener' requires effort, to avoid distorting what the other person is saying. Where the system is driven by excessive data requirements, these can act as 'filters', whereby staff, particularly under time pressure, filter what the person says to find the information they are obliged to gather for bureaucratic purposes. There is skill involved in working flexibly and allowing the person to determine the order in which they want to talk about their lives, while ensuring that core areas are covered. There are prompts to support Talking Points outcomes which can be helpful to the novice (Cook and Miller 2009). It has also been identified that staff may need ongoing support to maintain a focus on outcomes over time, and that frontline managers in turn benefit from peer support (Johnstone and Miller 2010)

Engagement with the individual should always be central, regardless of communication difficulties. Information on outcomes can come from staff observations and understanding of the individual and their situation, from family carers and colleagues. To maximise the validity of the approach, staff need to be free to phrase questions in the way that is most understandable to the individual service user or carer. A range of resources is available on the JIT website for including people with communication support needs. The next step is to record the outcomes.

2 Recording outcomes

Assessment involves a process of investigation, working with the individual, their family and others to capture their story and the outcomes important to them. Following assessment, the next step is to work with the person to prioritise outcomes and agree a support plan, with identified actions for all involved. At review, the practitioner discusses with the person whether and to what extent they have achieved the relevant outcomes. The review should include discussion of all outcomes, not just those identified in the plan. This allows both for identification of new issues and recognises the impact of any support on multiple outcomes. Key questions might include:

- · What are the key outcomes that are important to this person? (assessment/support plan)
- · What are the main issues in relation to the identified outcomes? (assessment/support plan)
- · What actions are required to be taken to achieve the outcomes, and when? (support plan)
- · What role might the person/their family/natural supports play in this? (support plan)
- · What other support/services might lead to improved outcomes? (support plan)
- · What's already working and what's been changing toward what you want? (support plan)
- · How will you know that you have achieved those outcomes? (support plan)

- · How well are the outcomes being achieved? (review)
- · What role is being played by the person/ natural supports in achieving outcomes? (review)
- · What is being done by services to support the achievement of outcomes? (review)
- · What more/else needs to happen? (review)
- · What are the outcomes important to this person now? (review)
- · Are there other outcomes being achieved than those identified in the support plan? (review)
- · Are some elements of support no longer required? (review)

There are various outcomes frameworks which can be used to guide these conversations. The examples relevant to this guide relate to an approach called Talking Points, which includes a framework for service users, included here. This outcomes framework is based on fifteen years of research at the Universities of Glasgow and York (Petch et al 2007, Qureshi 2001). There is an additional framework for unpaid carers and another for care home residents. You can access these frameworks and related information through the link at the end of this document.

| Quality of Life | Process | Change |
|------------------------------------|----------------------|----------------------------|
| Feeling safe | Listened to | Improved confidence/morale |
| Having things to do | Having a say | Improved skills |
| Seeing people | Treated with respect | Improved mobility |
| Staying as well as you can | Responded to | Reduced symptoms |
| Living where you want/as you want | Reliability | |
| Dealing with stigma/discrimination | | |

Whose views?

In the early implementation stage of Talking Points, there was debate about whose views should be captured - the service user / carer or staff view? Given that outcomes based working aims to involve the individual in determining their outcomes, the view of the service user should be paramount. However, negotiation may be involved, as individuals often benefit from prompting to reflect on their journey. Caution is required because positive outcomes may have been influenced not just by the service, but by the individual and other factors. To support an enabling approach, the person's achievements should be recorded as well as the contribution of services. As is also best practice, a copy of any documentation should be left with the service user or carer. Where there are particular difficulties accessing the views of the person themselves or agreeing outcomes this should be noted.

Tracking outcomes through assessment, planning and review – Ken



The outcome example here – family contact - is taken from a fictional character called Ken, who is the central figure in the resource "Reshaping care and support planning." Ken has recently moved into a care home, and recently underwent his first review in the home. The outcome about family contact has been extracted from his assessment, support plan and review forms.

Assessment

Family

Ken was struggling to manage at home for many months after his wife died. Ken's family consists of his son Alistair who is married to Karen. The couple live in Australia with their two young children. Although Alistair was recently preoccupied with his own business and the two children, he has been very concerned since his dad was admitted to hospital twice, before moving to the care home, and is very keen to maintain contact with Ken

Personal Plan

| What matters to | How | Who |
|------------------------------|---|---|
| Ken (outcomes) | | |
| Keeping in touch with family | Email and mobile calls with family in Australia | Ken will arrange phonecalls and will be supported with emails by care staff Jeanette and Sean |

Review

| Ken's view | | |
|---|---|---|
| What is working? | What is not working? | What needs to happen? |
| Keeping in touch with family: Ken is delighted to be in contact with his family and appreciates the help from staff to make sure this happens | Ken does not like staff reading his emails from his son. | Ken's son is buying him an ipad to make it easier to communicate directly and privately. They are also going to skype every Sunday (add to personal plan) |
| Ken is delighted that his son and family are visiting in Autumn. | Ken ran up his mobile bill through phoning Alistair when he had 'wobbly moments' on moving in | Alistair is paying this bill off and communication will be easier and cheaper with the ipad |

Identified issues with current recording of outcomes, and alternatives

In order to get good information on outcomes, it is essential that staff are clear about recording outcomes. The examples on the next two pages demonstrate examples of common errors in recording and provide alternative examples.

Outcomes too high level/general: 'Mr Jones wants to improve his health and wellbeing '

Staff sometimes record outcomes in a very general way, referring to an overall category such as the individual wanting to feel safer or to feel healthier. To make the outcome meaningful, it needs to be expressed in a way that means something to the person. What is it about the outcome that is important to the person, and what is it they are hoping for or would like to change?

| Outcome | Intended outcome | Action | Who by | Timescale |
|----------------------|---|-----------------------------------|-------------------------------|------------------------------|
| category | | | | |
| Health and wellbeing | Mr Jones wants to reduce his anxiety about his asthma and avoid being | Read 'Breathe Easy' literature | Mr Jones | By next appt in two weeks |
| | readmitted to hospital | Make referral to support group | District Nurse Sarah Green | By Friday |

Outputs not outcomes: 'Anne Smith is being referred to supported employment'

In a system which has been service led for many years, there is a tendency to link the individual's circumstances to a pre-determined set of service solutions. One of the biggest challenges is to identify what is important to the person, or what they hope for, and then work backwards to identify how everyone can work towards achieving that outcome, which may or may not involve a service.

| Outcome | Intended outcome | Action | Who by | Timescale |
|------------|----------------------------|--------------------|---------------|--------------|
| category | | | | |
| Develop | Anne Smith wants to | Get start dates of | Social worker | By next week |
| confidence | obtain computing skills to | next Bright Sparks | Jim Traynor | |
| and skills | build her confidence to | course and make | | |
| | get back to work | referral | | |
| | | Ask Anne's son for | Anne | By next week |
| | | support at home | | |

Lack of specificity: 'Contact with Mr Gordon will be ongoing'

Plans are more likely to be enacted where there is a clear sense not just of *why* things should happen (outcome) but also if there is some detail about who will take what action, when.

| Outcome | Intended outcome | Action | Who by | Timescale |
|---------------|----------------------------|--------------------|-----------|--------------|
| Category | | | | |
| Seeing people | Gordon wants to address | Gordon to work | Sam Smith | Fortnightly |
| | his anger management to | with social worker | | for the next |
| | improve relationships with | to develop anger | | two months, |
| | his family | management | | then review |
| | | strategies | | |

Goals rather than outcomes: Mr Mohammed will walk from the bedroom to the bathroom unaided

A lot of existing work in health and social care involves goal setting, which can be a successful way of working. However, outcomes take the sense of purpose to a different level, in identifying the overall direction, by relating it to the difference that achieving that goal will make to the person's whole life. The goals are steps towards achieving the outcome.

| Outcome | Intended outcome | Action | Who by | Timescale |
|----------|------------------------------|------------------|-----------------|--------------|
| category | | | | |
| Mobility | Mr Mohammed wants to be | Initial focus on | Physiotherapist | Twice weekly |
| | able to walk around indoors | walking between | Susan Strong | for the next |
| | unaided, so that he can look | the bedroom to | | month, then |
| | after his wife again | the bathroom | | review |

Identifying agency rather than individual priorities: Archie needs to comply with his care plan

Individuals are often involved with agencies on an involuntary basis. While there may be compliance issues which need to be noted, it should be clear whose views are being expressed in the plan. Sometimes it can become apparent that the individual's outcomes dovetail with agency priorities.

| Outcome | Intended outcome | Action | Who by | Timescale |
|--------------|-------------------------|-------------------|-----------------|--------------------|
| category | | | | |
| Living where | Archie wants to | Archie needs to | Archie is going | Archie attends AA |
| you want | maintain his current | stay sobre for a | to return to AA | daily for a month, |
| | tenancy and wants his | month for the | | then review |
| | first warning to expire | warning to expire | | |
| Health and | Archie wants to get his | Archie needs to | AA as above, | Archie will go the |
| wellbeing | drinking back under | get sober and | Archie is going | food co-op every |
| | control and get his | improve his diet | to buy cheap | Monday |
| | energy back | | fruit and veg | |

Unachievable outcomes: Mrs T urgently wants to obtain a tenancy in the popular Pine Court

Identifying individual outcomes can involve a process of negotiation. Even when the member of staff is aware that the ideal expressed by the service user is unlikely to be realised, it may be possible to take steps towards it, or identify an alternative course of action which might help to achieve it

| Outcome | Intended outcome | Action | Who by | Timescale |
|-----------------------|---|---|---------------------------------|---|
| category | | | | |
| Living where you want | Mrs T wants to move to a quieter area nearer her sister, and would ideally like to live in Pine Court | Apply to Pine Court as a long term goal, and Cedar Court as a second choice | Mrs T with support worker | Apply before the end of the month |
| Seeing people | Mrs T would like to see her sister every week | Find out if community transport can help | Support worker | This week |

Why recording is a challenge

While the examples above indicate challenges around recording outcomes, it is important to acknowledge that recording can itself be viewed as burdensome by staff. Although most staff recognise recording as necessary, the time involved can be resented for taking them away from the real job of 'working with people,' particularly if they don't see the value of the information generated. Recent work by Liz O'Rourke (2010) highlighted tensions between the various functions of recording which can be summarised as follows:

- Value demands: include professional values and the influence service user access has on the way staff record. The professional values include respecting the service user, recording from a person-centred perspective and reflecting the persons' story. However, the record also has a role in surveillance aspects of social work, causing tensions with values.
- Functional demands: involve establishing eligibility, communication with providers and sharing information with colleagues. The requirement to record negative aspects of an individual's circumstances to establish eligibility was viewed as being in conflict with personcentred values and potentially having a detrimental effect on self-esteem. It was considered important to get the balance right between overly cryptic chronologies and recording excessive amounts of information. Contractual relationships with providers meant that plans were tightly specified, sometimes contrary to commonsense ideas about care provision.
- Accountability demands: Records may be subject to legal or other scrutiny and may be used
 for performance purposes. Defensive recording was practised in some cases where
 challenge was anticipated, but the pressure created by volume of work meant that
 systematic recording could not be sustained in all cases, leaving the worker potentially
 vulnerable. Two thirds of respondents felt that recording systems were designed primarily to
 produce management information and PIs, which might not benefit service users or staff.

Many issues highlighted by O'Rourke have also been identified in developing Talking Points, where a key concern has been to prioritise that value demands. That is, the primary objective is to ensure the best interests of the individual are maximised, and other information gathering concerns should be streamlined and secondary. Before going on to consider the third element, of using information about outcomes, it is worth revisiting the benefits of recording outcomes at the individual level.

The benefits of recording outcomes

I wish my social worker had shown me what she was writing down before this. Reading my record told me why some things had happened, and that I am better now than I was then... I don't always believe that (Quote from a service user), DHSSI (1999, p15)

A key benefit of recording outcomes is clarity of purpose – with a shift from focusing solely on *what* is going to be done to *why*. This means starting by identifying the desired outcome, and working backwards to consider the who, what, when and where. Staff report that recording outcomes and sharing documentation with individuals, can flush out mistaken assumptions about the purpose of involvement. There should be space to record differences of opinion and the record can be used as a negotiating tool over time. In some cases an individual may wish to sign overall agreement with their plan whilst wishing specific areas of disagreement to be noted. A clearly recorded plan of outcomes should be worded in a way that is meaningful to the individual.

An outcomes focused plan provides a good basis for tracking progress over time, as long as the plan is reviewed. This can be motivational for everyone involved. It can also identify a lack of progress and promote consideration of what needs to change. For the individual, achievements which fall short of hard measures can be recognised in addition to more traditional output type goals, i.e. improved confidence can be recognised as a step towards achieving employment. Further, the inclusion of maintenance outcomes means that the approach does not just measure changes and improvements in the individual, but can acknowledge the significant challenge in reducing the rate of decline, despite deteriorating health, for example. Regarding the contribution of staff, recording process outcomes can also identify the benefits of 'soft' skills of staff, such as good listening.

3 Other uses of information about outcomes

Evidence shows that successful implementation of an outcomes approach only works if the whole system is orientated towards outcomes. Many organisations want to ensure that outcomes information is collected rigorously, without compromising the integrity of the approach. This may required careful consideration by senior management as to the priorities for information gathering.

Lincoln and Guba's (1985) influential work on formalising the rigour of qualitative data in real life settings is relevant. Their work would suggest that the credibility of Talking Points is well established because it has been tested over 15 years of research and practice and because the content of support plans and reviews should always be shared with and signed by individuals (known as member checking). Further, the credibility of the information is enhanced by the staff being well acquainted with the settings in which information is gathered. Transferability is an important concept with regard to outcomes based information. To support transferability, information officers are encouraged to provide a detailed portrait of the setting in which information is gathered. This enables others to judge the applicability of the findings to other settings. Dependability replaces reliability in this model, encouraging information officers to provide an audit trail (documentation of data, methods and decisions) which can be laid open to scrutiny. Careful and open accounting is particularly important given the huge variation between individuals in outcomes based working. Practical suggestions on recording and data have emerged from early implementers as follows:

*Ideally plans and reviews should include both quantitative (scale) data and at least some qualitative data. Scale data provides an easily trackable record of progress, whilst additional comments and narrative help to explain what is working and not working with regard to achieving outcomes.

*When seeking to categorise progress on the outcomes it is better to frame questions in terms of that person's experience, rather than present a numerical scale. For example, many areas asked whether there had been a big difference, small difference or no difference in outcomes.

*SMART principles can usefully be employed when discussing and recording outcomes. Traditionally SMART outcomes have been classified as in the first definitions provided below. However alternative definitions have been found to be more compatible with outcomes approach as highlighted in bold:

- **S** Specific (or **Significant**).
- M Measurable (or Meaningful).
- A Attainable (or Action-Oriented).
- R Relevant (or Rewarding).
- **T** Time-bound (or **Trackable**)

Conclusion

A variety of challenges have been identified with recording, including the time involved and the range of demands of the record. Outcomes offer potential to address some of the challenges, in restoring values and principles, in encouraging partnership with individuals and in supporting enabling practice. The examples shown here are relatively simple illustrations of recording outcomes. The intention is to develop more complex worked through examples in 2012, including where there are conflicting opinions about outcomes. Research has shown that management have a key role in adapting systems and in improving recording, through training and auditing the content of records, which has been shown to push up quality (DHSSI 1999, O'Rourke 2010). On the other side of the recording equation, the use of outcomes information is required to ensure that services are getting it right for users and carers, and to inform service developments and planning. It may not always be possible to fulfil all the potential demands of the record. Therefore a further role for senior management is to ensure that the potential to support the interactional skills of staff around outcomes is not undermined by data requirements with no clear benefits

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Additional resources: (http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/)

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