Glasgow School of Social Work

An Evaluation of the User Defined Service Evaluation Tool (UDSET) in the Pilot Sites

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Executive Summary

Introduction

This report details the outcome of a brief interim evaluation of pilot sites implementing the UDSET (User Defined Service Evaluation Tool), which has been developed by the Joint Improvement Team in Scotland. Ailsa Stewart of the Glasgow School of Social Work conducted the evaluation between May and July 2008.

The UDSET has been developed in Scotland to improve the involvement of users of community care services and their unpaid carers in the services they receive, as well as to influence service improvements. Over the past year, the UDSET has been piloted in various health and social care partnerships in Scotland. The pilot sites considered within this evaluation are: Orkney, Angus, Midlothian, West Lothian, North Lanarkshire, East Renfrewshire and Glasgow (South West CHCP)

The UDSET was originally conceived of as a toolkit intended to incorporate the outcomes important to service users and carers in routine interactions between users, carers and health and social care staff. Over the past year, as the UDSET work has become associated with the Community Care Outcomes Framework, its role has evolved and expanded and current language also refers to the UDSET as an approach to practice based on user and carer outcomes. As both a toolkit and an approach, the UDSET has continued to evolve during piloting, providing a dynamic context to the views expressed.

Methods

A range of qualitative methods of data collection and analysis has been employed throughout the evaluation. The first stage of the evaluation involved administering a monitoring tool devised by Professor Bob Hudson of the University of Durham. This is a brief questionnaire designed to gauge the usefulness to local partnerships of using the UDSET tools. These were collated and scored and from this scoring individuals from within each of the pilot sites were identified for further interview. Nineteen UDSET-MT were completed and returned across the seven pilot sites.

In addition, background reports provided by the JIT and the pilot sites were analysed for information on key themes for further exploration within the individual interviews.

Interviews were carried out with strategic and frontline staff in all of the pilot sites. The interviews were carried out either face to face or by telephone depending upon either the wishes of the individual or geographical constraints. In total 22 interviews were undertaken (6 from health and 16 from social work).

It has been challenging to gather views from users and carers directly in this evaluation for a number of reasons. The views of users and carers therefore remains an area for further exploration.

Interview transcripts, secondary data and interview notes were analysed within a qualitative thematic framework to identify key themes from across and within the pilot sites.

Findings

The findings draw together the key themes from the interviews and the UDSET-MT data collection as well as background reports from pilot sites, where provided. A summary of the key themes is provided below.

Using the Toolkit

The majority of pilot sites felt that the UDSET worked well as a tool for supporting and enabling good practice, particularly in terms of listening to what individuals want from services and in taking a person-centred approach, and that it was easy to use. There was a widespread view that the approach should be built into routine practice and administered by staff. There was also a view that there is a need for external scrutiny/evaluation for cross-reference purposes and that inspection agencies could have a role in this. Challenges in using the approach include; acknowledging the cultural shift required, the time taken to administer outcomes based tools until staff become familiar with them and using the tool with those with communication difficulties and/or cognitive impairments. Existing supporting documentation was viewed as useful with the suggestion of a further training package.

The Planning Cycle

Clarity over when and how this approach could be integrated to the whole assessment and care management process was viewed as crucial to the success of the outcomes approach. A number of areas indicated that they had considered in detail how to integrate the UDSET approach into their existing SSA procedures. Learning from the two pilot sites who have already undertaken outcomes focused assessment should be disseminated. Further support will be required to assist pilot sites in making this link and taking this work forward.

Links to other national developments; SOA, CCOF and NMIS

There was still some confusion over the contribution of UDSET to the Community Care Outcomes Framework (CCOF) and to a lesser extent, the National Minimum Information Standards (NMIS). Although it was acknowledged that at the time the interviews took place, this was a still evolving agenda, it was suggested that it would be useful to produce guidance material that situated UDSET data in relation to existing performance frameworks.

Data Management

Comments on data management fell into two main categories; recording and analysis. IT systems do not appear to exist within the pilot sites at the moment that would record and analyse qualitative data of this nature in a systematic fashion. There remains therefore a significant challenge over how this data will be aggregated to provide meaningful information that could feed into the strategic and commissioning processes of partnerships.

Commissioning

Concern was expressed about the organisational links being made between the UDSET data generated and the design and commissioning processes within partnerships. Respondents were unclear about what was happening to support this link or the gap between data collection and the provision of usable data, which could influence the design and commissioning process. Exploring practice in this area requires further work.

Resources

Comments relating to resources fell into two main areas. Firstly there was an acknowledgement that as a pilot project the UDSET work had required significant amounts of time from strategic and management personnel as well as from front line staff. This was in part due to the usual teething problems associated with piloting new approaches to practice. Secondly, there was the time required to administer the tools in comparison to existing systems. The majority of those interviewed indicated that the average time for gathering UDSET data was an hour, although this could be less with practice. However it was also acknowledged that this time investment was viewed as worthwhile.

Mainstreaming

The majority of pilot sites indicated that they would be willing to mainstream the UDSET approach but that there were still challenges to this development, particularly around data management and the link to the commissioning and service design processes as well as integrating the approach into existing care planning pathways.

Conclusions and Recommendations

In all but one of the pilot sites staff and managers have welcomed the UDSET approach and tools enthusiastically, albeit with reservations and caveats about what was required in terms of development and implementation. In addition there is a prevailing view that this approach prompts person-centred practice and supports effective engagement with service users and carers.

The clear challenge for the future of the UDSET is how it is mainstreamed and integrated into existing care planning processes and subsequently how the data generated is managed, analysed and fed into the design and commissioning processes. Whilst almost all the pilot areas wish to roll out and integrate the UDSET, there are still unanswered questions, particularly with regard to IT.

One of the key tensions in the pilot sites stems from the dual purpose of the UDSET as a way of embedding user and carer outcomes in practice, and the proposed performance management role. Within some pilot sites different members of staff expressed contrasting views as to which direction they wanted the UDSET to follow. While most practitioners were clear that they wanted flexibility and fluidity in their use of outcomes focused tools, to support engagement and overcome minor communication difficulties, a minority of planning managers were more concerned that questions should be asked using the same language in the same order to obtain consistent data. These issues may be reconcilable but there is a need for explicit guidance about the practice and performance management issues identified.

A number of recommendations are made to assist with the mainstreaming of UDSET in existing pilots as well as for raising the profile of this work more generally:

- Greater clarity is required on how the performance management and service improvement roles of the UDSET can be reconciled. Feedback from pilots indicates that there is potential for both roles to be fulfilled at least partially, but an explicit statement about where limitations lie could support pilot sites in progressing with the work.

- Initial feedback has been obtained from a small number of users and carers via digital stories. In addition, feedback processes have been built into two pilot sites, and it is important that this work is followed through to ensure that more user and carer views are elicited.

- Information from pilot sites on how outcomes focused assessment has worked in practice should be shared with other partnerships.

- Further work is required with regard to data recording, analysis and management. It should be identified what materials will be available at what stage so that partnerships know what to expect with regard to support.

- At present a range of training materials are available on the JIT website but there is perhaps a need to organise the materials so that they are easy to access and well signposted.

- Once pilots are all complete it would be useful to hold an integrated learning and sharing event for those working out how to integrate the outcomes approach and move on to the next stage of development.

- An awareness raising strategy needs to be developed so that partnerships, which are not currently involved in pilots are exposed to the UDSET - perhaps using pilot site experience both within and across partnerships.

- Further guidance on how UDSET data is situated in relation to existing performance management frameworks, e.g. CCOF, NMIS would be useful.

- It would be extremely valuable to be able to provide evidence of the impact of the UDSET data on commissioning and planning and this perhaps could best be provided by supporting an existing pilot site to extend their work into this area and sharing the learning.

- Consideration should be given to exploring the issues associated with adopting the outcomes approach with service users receiving services against their will, e.g. people detained in hospital via mental health legislation.

- Work should be undertaken to develop a version of UDSET tools with pictorial representation of the questions for people with communication difficulties.

1   Introduction

This report details the outcome of a brief interim evaluation of pilot sites implementing the UDSET (User Defined Service Evaluation Tool), which has been developed by the Joint Improvement Team in Scotland. Ailsa Stewart of the Glasgow School of Social Work carried out the evaluation between May and July 2008.

The UDSET has been developed in Scotland to improve the involvement of users of community care services and their unpaid carers in the services they receive, as well as to influence service improvements. Over the past year, the UDSET has been piloted in various health and social care partnerships in Scotland. The pilot sites considered within this evaluation are:

- Orkney
- Angus
- Midlothian
- West Lothian
- North Lanarkshire
- East Renfrewshire
- Glasgow (South West CHCP)

The UDSET was originally conceived of as a toolkit intended to incorporate the outcomes important to service users and carers in routine interactions between users, carers and health and social care staff. Over the past year, as the UDSET work has become associated with the Community Care Outcomes Framework, its role has evolved and expanded and current language also refers to the UDSET as an approach to practice based on user and carer outcomes.

During the past year, the Joint Improvement Team (JIT) has monitored the progress of the UDSET in pilot sites, identifying both successes and challenges along the way. Where successes have been identified, these have been shared through the JIT website and at events. Work is ongoing on responding to the key challenges identified via a range of processes involving pilot sites and the JIT. However, the JIT also thought it would be useful at this stage to garner the views and experiences at a strategic, staff and user and carer level of those involved in the implementation of the UDSET approach with a view to identifying any additional key challenges for the roll out of this approach and recommendations for further work.

It is important at the outset to be clear about the status of the UDSET in each of the above areas. All of the pilot sites are at different stages in their implementation of the UDSET and indeed they have used the various tools in different ways. It should further be acknowledged that over the past year, elements of the toolkit itself have been adapted on an ongoing basis, sometimes as a response to operational challenges, sometimes in response to local need. As both a toolkit and an approach, the UDSET has continued to evolve during the piloting period, providing a dynamic context to the views expressed.

In addition a number of the pilot sites have undertaken some form of evaluation of the use of the tool; indeed in one site this was the main purpose for using the tool. Again these internal evaluations are at different stages, some are completed and some are ongoing. This external evaluation therefore is not a direct comparison of

like with like, but an interim snapshot of the implementation of the approach at this stage.

In order to give a flavour of the different experiences of the pilot sites a brief paragraph is provided on the use of the UDSET to date in each of the pilot sites. It should be noted that of the seven pilot sites listed below, most are early implementers of the Community Care Outcomes Framework in Scotland, with the exception of Orkney and Glasgow South West CHCP.

Orkney – Orkney is the longest established site using UDSET tools, responsible for development of the original review tools contained in the UDSET (Cook et al 2007) and actively involved since Spring 2007. In Orkney the UDSET review tool is being used comprehensively with service users and carers. The carers work is being carried out primarily by the Orkney Carers Centre and Crossroads with the service user work being carried out across the assessment and care management service within the partnership by both social work and health staff. There is no ongoing internal evaluation.

Angus – Angus is the pathfinder site for the early implementation of the Community Care Outcomes Framework. Angus based their tool on the Orkney review model, with a slight variation in that they included scale measures for each outcome. They piloted the UDSET in four sites, including a psycho geriatric setting, Community Mental Health Team, generic older people's team and local carers' centre. The carers' centre used a mixture of the UDSET and their own locally adapted tool. As the pathfinder, Angus had a specific remit of assessing the validity of the community care measures, including those relating to the UDSET and their interim report on this can be found on the JIT website.

Midlothian – Midlothian initially used the UDSET as both a review and consultation tool with older people placed in care homes. Midlothian have used the Orkney model of review. They have used the consultation tool particularly with older people moving between care settings both before and after their move. This work is ongoing and the second half of the comparative work (the after snapshot) still needs to take place. Work is currently underway on piloting the UDSET with the new rapid response service in the locality.

West Lothian – West Lothian chose to undertake a comparative study, with one member of staff using the Orkney UDSET review tool and a senior practitioner, social workers and community care assistants using their own locally developed tool with service users. Their evaluation of this experience is now complete but not yet available.

North Lanarkshire – North Lanarkshire have been developing an outcomes approach for some time, and are unusual in Scotland in that they are already undertaking outcomes focused assessments, and moving into outcomes focused care planning shortly. North Lanarkshire have worked with the JIT over the past year, contributing their knowledge and experience of an outcomes approach. They also adopted UDSET to undertake an evaluation of an Integrated Day Service, with a view to the service being rolled out. They used both the users and carers review tools in this process.

East Renfrewshire – East Renfrewshire initially implemented the UDSET with carers in a number of settings during 2007/08. They have moved on to take a broad based approach to implementing user and carer outcomes in their health and social care

setting. They have undertaken training of all staff in assessment and care management, with a strong focus on outcomes. Some of their training materials are available on the JIT website. There has been some internal evaluation of the training but this is not publicly available as yet.

Glasgow (South West CHCP) – In Glasgow the service user review tool is being piloted by social work staff within South West CHCP. An external research agency has also been commissioned to undertake a parallel pilot based around the same outcomes. The interviews have almost concluded and findings will be available shortly on the differences between the internal and external pilots. Glasgow has altered their review tool from the Orkney approach in an endeavour to make the UDSET data easier to manage and to ensure operational issues at a practice level influence it. Glasgow originally adopted a questionnaire approach including six point scales, though this has been altered again through feedback from staff. Plans are developing locally for including carers. They are fully evaluating their experience, and should be able to report on this by October 2008.

2 Background

Two key priorities for current health and social care policy across the UK are that service users and carers should be better involved in decisions around their care and support, and that the support provided should deliver good outcomes for users and carers.

In Scotland, a key driver for change in these areas has been the development of a new outcomes focused joint performance framework, the Community Care Outcomes Framework. This framework is centred around four high level outcomes embracing wider agendas of Public Service Reform, *Better Health Better Care,* with emphasis on *Shifting the Balance of Care* and *Supporting People*. These are:

- Improved health
- Improved well-being
- Improved social inclusion
- Improved independence and responsibility

The framework is also consistent with the theme of personalisation as defined in *Changing Lives*; whereby personalisation should lead to services which are person centred (both around individuals and communities), which can change when required, are planned, commissioned and sometimes delivered in a joined up way between services.

The UDSET has been developed to support and enable good practice and improve involvement of service users and carers by focusing on the outcomes that matter to them, and to enable health and social care partnerships to gather data to determine whether they are delivering good outcomes to service users and carers. This data can be used to include user and carer experiences in performance management, planning, commissioning and service improvement. The toolkit has been developed alongside and in correspondence with the Community Care Outcomes Framework and has been piloted for use in this context, but can also be used as a standalone toolkit by any organisation interested in the experiences of service users or carers in community care settings.

The Shifting the Balance of Care workstream of *Delivering for Health* aims to improve the health of the people of Scotland by shifting the emphasis towards health improvement, preventative medicine and more continuous care in the community. Work has begun to shift the current view of patients as passive recipients of care towards full partners in the management of their conditions, and the UDSET approach is consistent with these objectives.

2.1   About the UDSET

The UDSET is primarily based on findings and research tools developed during the course of a two-year research project which looked at the outcomes most important to users of services delivered in partnership between health and social care. This research was funded by the Department of Health, based at the University of Glasgow and carried out in partnership with three user research organisations: Central England People First, Older People Researching Social Issues and Service User Research Enterprise (Petch et al).

In Summer 2006, two researchers from the DH project, were commissioned by the Assistant Director of the Joint Improvement Team (JIT), Margaret Whoriskey, to explore how research findings and tools from this project could be implemented in practice settings in Scotland. Initial piloting was conducted with three Health and Social Care Partnerships: Orkney, Fife and East Renfrew to further develop tools and approaches. The researchers also worked with carers from VOCAL and other voluntary sector organisations to ensure that the toolkit was relevant to carers. Representatives from other Health and Social Care Partnerships, as well as voluntary sector organisations, service users and carers and academics fed into this work through their participation in workshops/events. Further information on the research underpinning this toolkit is available from the Joint Improvement Team Website: http://www.jitscotland.org.uk/. The UDSET is currently being updated in response to issues arising from the pilots.

2.2   Outcomes for Service Users and Carers

At the heart of the UDSET are two frameworks of the outcomes that are important to service users and their carers. These frameworks have been adapted from a ten-year programme of research on service user and carer outcomes at the University of York, the research conducted at the University of Glasgow, and finalised through the work programme with the JIT.   The resulting outcomes frameworks form the basis of all the tools presented in the UDSET and are summarised below.

Table 1. Outcomes Important to Service Users

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

Table 2. Outcomes Important to Carers

Quality of life of the cared for person	Quality of life for the carer	Managing the caring role	*Process*
Quality of life of the cared for person	Maintaining health and well-being A life of their own Positive relationship with the person cared for Freedom from financial hardship	Choices in caring, including the limits of caring Feeling informed/ skilled/equipped Satisfaction in caring Partnership with services	Valued/respected and expertise recognised Having a say in services Flexible and responsive to changing needs Positive/meaningful relationship with practitioners Accessible, available and free at the point of need

2.3   Single Outcome Agreements

The SNP government's concordat agreement with local government (2007) marks a sizeable shift from national decision making to local decision-making. The development of Single Outcome Agreements (SOAs), where local authorities have greater freedom to set their own priorities, is an important part of these changes. The Single Outcome Agreement '… will set out the outcomes which each Local Authority is seeking to achieve with its community planning partners. These will reflect local needs, circumstances and priorities, but should be related to the relevant national outcomes' (Scottish Government 2007). Underpinning the concordat is the concept of partnership working in order to achieve improved outcomes. This partnership approach must be reflected at the community planning level with recognition that the needs of individuals and communities – if they are to be successfully addressed – have to be addressed collectively. As well as promoting closer working between organisations, a further aim of community planning is to 'make sure that people and communities are genuinely engaged in the decisions made on public services which affect them.' (Improvement Service) By April 2009, all SOAs have to encompass the work of not only a local Council but also their Community Planning partners including voluntary sector partners. The core principles of partnership working, including the voluntary sector and community planning, to deliver the outcomes that matter to people using services and their carers, and of better engagement with service users and carers, are consistent with the underlying values promoted by the UDSET (Cook et al 2007).

2.4   The Community Care Outcomes Framework

In Scotland, the Community Care Outcomes Framework is central to the drive to improve outcomes for service users. The development of this framework has both informed the development and piloting of the UDSET for use in partnership settings

and been informed by the evidence base on service user and carer outcomes underpinning the UDSET. As a result there is considerable overlap between the UDSET outcomes and the Outcomes Framework, with the UDSET outcomes tables providing a breakdown of the four high level National Outcomes into distinct concepts that are understandable to service users and carers. The Community Care Outcomes Framework is designed to help partnerships to understand their performance at a strategic level in improving outcomes for people who use community care services or support, and their carers. It also allows partnerships to share this information with other partnerships in Scotland and compare performance

The Outcomes Framework consists of 16 performance measures that have been identified to deliver on the four high level outcomes identified above. The new framework recommends that partnerships gather data on service user and carer outcomes directly from assessment, care plans and reviews to promote understanding of performance against six of the sixteen measures that relate directly to the experience of service users or their carers. These are:

- % users of community care services feeling safe
- % users of community care services and carers satisfied with involvement in their health and social care packages
- % users of community care services reporting satisfaction with their opportunities for meaningful social interaction
- % carers who feel supported and capable to continue in their role as carer
- % of user assessments of needs completed in accordance with agreed national standards
- % of carer assessments of need completed in accordance with agreed national standards

The inclusion of outcome measures relating to the experience of users and carers in the performance management framework has been widely endorsed by policy makers, practitioners and users and carers across Scotland. It has been recognised that this does, however, pose a challenge for partnerships that do not currently systematically gather the data required to report on these outcomes. Work is ongoing with pilot sites on developing guidance for data management in relation to these measures.

2.5   *The National Minimum Information Standards*

The Standards set out the minimum information which all professional groups within health, social care and housing would expect to discuss (and record), as a core set of information to which specialist modules can be added. To meet the standards, local assessment and care management tools, electronic systems and processes should have the capability to record every data item in the standards, but there is no presumption that every item will be recorded for every person. Work has continued over recent months on ensuring that there is correspondence between the UDSET and the National Minimum Information Standards (NMIS) for assessment, care planning and review, so that user feedback is integral and routine. The NMIS now incorporate a general emphasis on user and carer outcomes as well as related data standards. Table 3 outlines broad correspondence between the Community Care Outcomes Framework, the Standards and the UDSET. In addition, guidance expanding on the links will be available by November 2008.

Table 3. The relationship between the CCOF, National Minimum Information Standards and the UDSET outcomes

Measure	Relevant UDSET Outcome	
	Service User	**Carer**
% users of community care services feeling safe	Feeling safe Social contact Responsiveness Listened to and treated with respect	
% users of community care services reporting satisfaction with the opportunities for meaningful social interaction	Seeing people Having things to do Dealing with stigma/discrimination	
% users of community care services and carers satisfied with involvement in their health and social care packages	Being listened to Treated as an individual Having a say in services	Having a say in services Expertise recognised Choices in caring, including limits Partnership with services
% carers who feel supported and capable to continue in their role as carer		All carer outcomes
% of user assessments of needs completed in accordance with agreed national standards	Being listened to Having a say in services	
% of carer assessments of need completed in accordance with agreed national standards		Having a say in services Partnership with services

3   Methodology

A range of qualitative methods of data collection and analysis has been employed throughout the evaluation. A flexible approach was taken to the methods employed for data collection in order to ensure that as much data could be gathered in the tight timescales imposed.

The first stage of the evaluation involved sending out a monitoring tool devised by Professor Bob Hudson of the University of Durham. This is a brief questionnaire designed to gauge the usefulness to local partnerships of using the UDSET tools. Individuals who had used the tool were asked to complete the questionnaire giving their own personal opinion of the effect of this experience, not the view of the employing organisation.   These were collated and scored and from this scoring individuals from within each of the pilot sites were identified for further interview. Details of the outcome of the scoring of the UDSET- MT are contained within Section 4 of this report. Nineteen UDSET-MT were completed and returned across seven pilot sites.

In addition to this initial data collection, background reports provided both by the JIT and the pilot sites were analysed for information on key themes for further exploration

within the individual interviews. The author has also previously attended workshops run by the JIT on the UDSET and was able to draw on information from these events.

Interviews were carried out with strategic and frontline staff in all of the pilot sites. The interviews were carried out either face to face or by telephone depending upon either the wishes of the individual or geographical constraints. Interviews lasted between 30 and 60 minutes and were either tape-recorded or notes were taken, depending again on the preference of the individual. In total 22 interviews were undertaken (6 from health and 16 from social work).

It has been challenging to gather views from users and carers directly in this evaluation, partly because of the timescales involved and partly because of the time of year (over the summer period). Data was however collected by proxy from staff involved in using the UDSET with both users and carers. In many of the areas the UDSET was administered to older people, a number of who had memory or cognitive impairment. It was felt by a number of the relevant pilot sites that it would have been difficult for this group of service users to contribute effectively as remembering the review interaction could have been challenging.   It is understood that some concluding pilot sites are building in user and carer feedback processes and this should be a priority.

Interview transcripts and notes were analysed within a qualitative thematic framework to identify key themes from across and within the pilot sites. Secondary
data was also analysed to gather further detail on the experience of the pilot sites.

With regard to administration of the UDSET-MT, relying on key contacts in each area to distribute the UDSET-MT to the appropriate staff meant that there were inconsistencies in the numbers of forms returned from each area. However, each pilot site did send at least one return.

4   UDSET-MT

4.1   Background

As previously identified each pilot site was asked to ensure that those who had experience of UDSET, completed the monitoring tool. Copies of the UDSET-MT and the scoring tool are contained in Appendix 1 of this report. Returns from each pilot varied in number depending on how they were distributed or the number of people who had actual experience of using the tool.

The UDSET-MT is organised into five main sections

- User/carer engagement and experiences
- Professional practice
- Data collection and performance management
- Policy development and organisational arrangements
- An open-ended section on the strengths and weaknesses of UDSET

In each section individuals are asked to respond to a number of statements about their experience of the use of UDSET and of its impact on local performance. Individuals respond by selecting: strongly agree, agree, disagree or strongly disagree. These responses are then scored using a pre-determined framework,

which provides statements of meaning against the score for each section as well as for an aggregate score. The impact of the scores for each section along with aggregate scores is summarised against each pilot site below.

The data collected provides two main indicators, the first identifies where on the pre-determined scale the UDSET is situated and the second provides more narrative data on the perceived strengths and weakness of the tool as well as more general comments. Section 4.2.2 provides summarised details of strengths and weaknesses from analysis of the completed monitoring tools collected from all of the pilot sites.

Information on the tools used in localities is detailed on the summary of each pilot site in Section 1 of this report.

4.2   Results

4.2.1   Section and Aggregate Scores by Pilot Area

Orkney (n=3) – Scores were consistent within this area, which may reflect the fact that Orkney have been working with this approach for almost a year. Section scores indicate that some improvements have been made in all the areas covered but that further change is required. The aggregate score reinforces this view.

Angus (n=1) – only one completed form was received from this area. This indicated that experience of using UDSET had resulted in some improvements across the board and in one area, User/Carer Engagement and Experiences, significant improvements in the way that users and carers are engaged in defining and determining their own care arrangements were indicated. The aggregate score indicates that whilst some positive changes have taken place, further changes are required.

Midlothian (n=4) – Scores were consistent across all but one form provided in this area. This one form was left almost totally blank as the respondent felt they had not been involved long enough to comment accurately. For the others the scores indicated that some improvements had been made in all but one area, Data Management, which was still a largely unknown quantity. The aggregate score reinforces that whilst some improvements have been made further changes and improvements are required.

West Lothian (n=1) – The use of the UDSET was limited to one individual in this area so one form was returned. This indicated that user and carer engagement had seen some improvement but that in terms of professional practice, data collection and organisational arrangements only very limited changes had taken place.

North Lanarkshire (n=1) - Again only one completed form was received from this area. This indicated that experience of using UDSET had resulted in some improvements across the board and in one area, User/Carer Engagement and Experiences, significant improvements in the way that users and carers are engaged in defining and determining their own care arrangements were indicated. The aggregate score indicates that whilst some positive changes have taken place, further changes are required.

East Renfrewshire (n=8) – There was greater consistency in these returns than for any other site. In each section it was felt there had been significant improvement

with the aggregate score reinforcing this and the fact that mainstreamed changes in the ways in which users and carers are supported had taken place.

Glasgow South West CHCP (n=4) – On average the Glasgow MTs indicated that there had been significant improvement both in user and carer engagement and in professional practice through the use of the UDSET. Data collection and organisational arrangements had seen some improvement although there were concerns expressed about the significance of this impact overall. The aggregate scores indicate some improvements with further change required.

4.2.2 Key themes from comments

A range of views were expressed in the comments sections of the UDSET-MT. Consistent with the scoring element of the UDSET-MT, most of the key strengths identified related to the support and promotion of good practice and more meaningful engagement with service users and carers. The UDSET was viewed as promoting the following, with one or two people commenting on each:

- reflection
- engagement with users and carers
- a focus on outcomes
- wider discussion with users and carers
- best practice
- positive relationships
- a focus on detail
- creativity – 'Assists in developing creative options and meaningful intervention.'

Other strengths were identified:

- supports single shared assessment
- provides a good structure which flows
- gives permission to take time to engage
- has the potential to inform strategy/policy.

Weaknesses were also identified, again with space for up to three comments on each form. The most frequent theme identified as a weakness related to communication difficulties. A key concern for a few individuals was that people with significant communication difficulties would not be able to participate directly in UDSET interviews, and one person identified a concern that this could create a two-tier system. Interestingly, given that the UDSET guidance for staff identifies the need to adapt to the needs of the individual and to ask the questions in different ways to support understanding, others identified as a weakness that a fluid or flexible approach was required to support users and carers to understand the concepts.

Additional themes identified as weaknesses were as follows, with one or two people commenting on each.

- This approach involves more staff time.
- This approach might create an increased demand on resources.
- Needs independent check to make sure that the data gathered is not biased.
- It needs to be linked to the Community Care Outcomes framework and NMIS.
- Need to include links to planning and commissioning.
- Needs to be linked to assessment (review only in this pilot).

As may be expected given respondents were providing personal opinions rather than organisational perspectives, various views were expressed within some pilot sites with regard to the perception of the impact of the UDSET across the various sections of the monitoring tool. The scores and comments from the UDSET MT are reasonably consistent across pilot sites. They broadly indicate at least some improvements in all pilot areas, with further improvements required. The most significant improvements identified were in relation to user and carer engagement and professional practice. The areas identified as requiring further development were data collection and performance management and policy development and organisational arrangements. This is consistent with the fact that these were early pilots and this evaluation was taking place at an interim stage. These perceptions are further reinforced in Section 5 of this report, which details the key themes from the individual interviews.

5   Key Themes from Data Collection

The following section draws together the key themes from both the interviews and the UDSET-MT data collection as well as background reports from pilot sites, where provided. There was a significant level of consistency across the interviews of the strengths and challenges with regard to implementing UDSET, which helped to identify key issues for consideration in integrating the approach into existing systems as well as further rolling out the agenda.

Overall it was reported that there was enthusiasm amongst staff about using the UDSET as a general approach. This enthusiasm focused on the opportunity to engage with the service user and/or carer at a meaningful level and to work within a framework that promoted good practice.

For some practitioners, a key benefit was that the UDSET allowed them to store information that they were informally gathering anyway, but would not previously have recorded. When asked to compare UDSET reviews with previous approaches to review, several practitioners also identified that the approach enabled them to engage at a deeper and more detailed level than previous reviews. For some, there was a sense that previous reviews had not always led to any action being taken, but that focusing on goals with the person was more likely to lead to material change in their circumstances, albeit involving a small change.

There appears to be considerable commitment to the potential for using the UDSET approach and tools to improve outcomes for service users and carers, with six out of seven pilots included in this evaluation indicating that they intended to continue beyond their initial pilot to build user and carer outcomes into their processes and practice. In marked contrast to the views expressed by the majority of pilot sites, one area indicated strongly that their assessment and care management staff felt that the UDSET data added nothing of value to relevant processes that they did not already get from other sources.

One of the supports that has been developed to support the implementation of UDSET has been digital stories. The digital stories project was originally supported by the Lottery Fund and is receiving ongoing support from the JIT. The digital stories and UDSET project had just begun to carry out some joint work on interviewing users, carers and staff on outcomes and some early stories have been included in UDSET events. Whilst the majority of respondents in this evaluation had heard of the

digital stories, only a minority had actually seen them or used them locally. Although one respondent viewed the concept as an expensive indulgence, all the others who had seen the digital stories felt that they were useful and in some cases powerful tools for communicating the benefits of the outcomes based approach. In particular they were viewed as valuable for training staff and general awareness-raising. One respondent commented that "*the digital stories are a fantastic way of bringing the outcomes to life for staff*".

Interviewees identified a range of key issues and these are addressed in more detail below.

5.1 Using outcomes focused tools

A significant number of respondents indicated that the UDSET works well for supporting and enabling good practice, particularly in terms of listening to what individuals want from services and in taking a person-centred approach. Although initial piloting was still underway in some areas, there were early indications of improved outcomes for service users and carers. In one area where outcomes focused carers' assessments and reviews were now taking place on a regular basis, a practitioner identified that carers' reviews were being undertaken within agreed time limits and it was tracked at review whether agreed outcomes had been achieved. This had in some cases had quite dramatic effects and in one case prevented the imminent breakdown of a caring situation. The same practitioner also identified that focusing on outcomes for both the service user and the carer had helped to negotiate a difficult situation with a family:

'You can find a way of enabling both parties to achieve outcomes – it involves compromise in both cases'

A cautionary note was added that whilst the UDSET promoted this approach, general good practice required a professional approach by staff as well as good tools. It was recognised that the prompts within the tools were useful in ensuring that the relevant areas were covered by staff.

It should be noted that most staff were involved in pilots using the UDSET review tool, and there was a general recognition that the tool was relatively easy to use. Some identified that this was the case particularly with service users who were well known to staff. On the other hand, one individual commented that he found the approach easy to use with individuals he had not met before, as required by the piloting work in care homes in his locality. There was some initial concern that some of the UDSET tool was repetitious, particularly where it was being used as an add-on to existing systems and/or processes. However over time individual pilot sites appear to have removed the repetition when adapting the tool to meet their own local needs or in response to comments from staff operationalising the tool.

There was a general concern that as it stands there are issues about how best to use the UDSET approach with people with communication difficulties. It was identified that there could be a use for a tool that had pictorial or graphic representation.

On a related topic in terms of using different versions of the tool or responding to different service user needs and situations one respondent highlighted that it would be useful to find out how the tool performed being used with service users who were in receipt of services against their will, for example those detained under the Mental Health legislation. This respondent noted that in the interests of equity and social

justice, outcomes focused assessment and review should be available to all service users regardless of their needs.

Explaining the concepts was a further area of comment by interviewees. A number of interviewees felt that, particularly early on in their use of the tool, a lot of the time spent in administering the tool focused on explaining the questions they were asking. However as staff became more familiar with the tool and the process, the time factor diminished and the approach assisted staff to focus on outcomes even before the interview began.

Two respondents expressed caution about staff interpreting concepts. Over explaining the concepts could dilute them to such an extent that they become meaningless, and could lead individuals to particular answers, raising issues about bias.

Overall, there was a view that flexibility was required in how the questions were put to individuals with a range of communication abilities, and that this was something that would become easier for staff with practice. However it was felt that work on developing the tool in a graphics led format would be useful.

The majority of those interviewed had seen the UDSET support pack (although not all) and felt this to be a useful if somewhat wordy document. The outcomes prompts were viewed as useful and perhaps could be promoted more to ensure that staff understood what was being aimed for in asking about outcomes. It was however felt that in addition to the support pack, easy access to more training materials, including support for communicating with people with a cognitive impairment would be a welcome development.

Within partnerships there were significant variations in the level of training supplied. A general route was for teams to discuss the detail of administering the tool amongst themselves rather than to be provided with formal training. However there was a view expressed that it was helpful to undertake this kind of discussion on a local basis to ensure consistency of administration and that the process worked in relation to local processes. In one area significant training in assessment, care planning and review was given to health and social care staff and this was viewed favourably. An evaluation of the training is pending and some of the training materials are available on the JIT website.

Reflecting the various ways in which the approach was being piloted across localities, most sites had built user and carer outcomes into their tools while others were using the tool as an add-on to existing assessment and care management procedures. This gave staff the impression that it took longer and was additional work rather than a refocusing of existing processes onto outcomes. It was felt that integrating the approach into the existing systems would alleviate this anxiety. Some areas indicated the importance of ensuring that there was local ownership of tools and that it was therefore crucial to spend the time with staff at an early stage to operationalise tools and/or the approach from a practice perspective. Local ownership of the agenda was viewed as very important.

As a general and very basic point, almost everyone interviewed emphasised the significant cultural shift required to effectively use the outcomes based approach. This was put eloquently by one respondent, *'this is a shift away from processing people to engaging them.'* In essence staff are being asked to move away from a needs led and service led approach to an outcomes approach and it was felt this

would take some considerable time and support. However in general where the UDSET had been used for sometime it was clear that this shift was taking place and that it was welcomed by staff who felt very positively about the process enabling them to practice in a person-centred manner. However the input required to as one respondent put it *"ensure you take staff with you"* should not be underestimated.

Although there was a general view that user and carer outcomes should be built into routine practice, there were some concerns that there should be means of cross-checking the data gathered because of the potential for bias if staff are the only sources of data for evaluating services. Arguments for involving staff known to service users included that this supported and encouraged good practice, and meant that outcomes could be identified with the individual within existing assessment and care management processes. This was viewed as being less resource intensive and would take less time, given previous comments on familiarity supporting ease of administration. While some service users and carers had given critical feedback about their services, there was a view that some individuals would find this difficult when staff were involved. One respondent noted that when she used the tool with a service user known to her there was a tension created when discussing the performance of the worker. Two pilot sites identified that they would like to use external data sources to cross-reference UDSET data, perhaps involving data from inspection agencies. One pilot site is currently going through the process of comparing internal and external approaches and evidence from this work should be available in November 2008.

5.2   The Planning Cycle

The place of outcomes in the planning cycle was an area mentioned by the majority of respondents. Clarity over when and how the approach could be integrated to the whole assessment and care management process was viewed as crucial to the success of the outcomes approach. Although two areas were already engaged in outcomes focused assessment and care planning, other areas had started with outcomes focused review and were keen to move forward to other processes. The two pilot sites currently testing out outcomes in assessment will be sharing learning from their experiences in November 2008. Three areas indicated that they had considered in detail how to integrate the UDSET approach into their existing SSA procedures. Further support will be required to assist pilot sites in making this link and taking this work forward.

5.3   Links to other national developments; SOA, CCOF and NMIS

The UDSET has been developed by the Joint Improvement Team since 2006, based on previous research on outcomes for service users. A variety of other national processes have taken place since the work began and this has shaped UDSET and its implementation. In particular, the approach has been increasingly aligned with the Community Care Outcomes Framework (CCOF) for over a year now. The CCOF has also incorporated the new National Minimum Information Standards for assessment, care and support planning and review (NMIS). While work has been going on centrally to ensure that these developments have not taken place in isolation, and that they correspond with each other, there appeared to be some continuing confusion in pilot sites over the contribution of UDSET to the Outcomes Framework (CCOF). Everyone was able to articulate what the framework was, but they were unclear about the tangible links and for example how UDSET could contribute to evidencing indicators within the framework. Although there is information provided in the December 2007 JIT document (Cook et al, 2007), which

details the links between the Outcome Measures and the UDSET outcomes. One respondent noted:

"I have asked this question before in our locality and to be honest no-one seems that clear."

During the past year there has also been a wider shift in Scotland towards the Single Outcome Agreement (SOA), arising from the new concordat between central and local government, with more of an emphasis on local decision-making and planning. Some of the uncertainly expressed by individuals seemed to reflect wider concerns about how the SOA is going to play out in practice and there was a sense of separation from local processes involved in defining the initial Single Outcome Agreements. Respondents indicated that they had felt distanced from this and whilst they were aware of the process and had often made recommendations for what should be included in their own area's SOA, oftentimes the information on what the final agreement looked like had not been fed back to them in any formal manner. At a national level the indicator which relates most closely to the Community Care Outcomes Framework is Local Indicator 29. Whether or not localities had committed to Local Indicator 29 within their SOA was largely unknown by respondents within the study.

Although it was acknowledged that at the time the interviews took place, the national agenda was still evolving, it was suggested that it would be useful to produce guidance material that situated UDSET data in relation to existing performance frameworks, e.g. NMIS and CCOF

5.4   Data Management

Contrasting views were expressed about whether or not a one-size-fits-all approach should be adopted in developing outcomes focused tools. As previously identified most pilot sites were testing out review tools and have adhered to the Orkney model with minor adaptations, with the aim of testing out different scale measures to help with data management.

Comments on data management fell into two main categories; recording and analysis. None of those interviewed indicated that they currently managed data electronically (either recording or analysing), a number managed the data by hand and others were waiting for a definitive lead from the centre on how this work could be carried out.

IT systems do not appear to exist within the pilot sites at the moment that would record and manage qualitative data of this nature in a systematic fashion. Further, there are concerns about how qualitative analysis should be conducted. There remains therefore a significant challenge over how this data will be aggregated to provide meaningful information that could feed into the strategic and commissioning processes of partnerships.

Separating out the issue of recording the data collected and how the data is analysed, e.g. electronically or manually is important. Whilst two pilot areas reported undertaking work in developing their IT systems to record the data being gathered through the UDSET this was still at an early stage. One area indicated that they were using EXCEL spreadsheets for some of their pilot data. In addition one independent agency providing research support to a pilot site indicated using MAX QDA as an analysis tool.

In relation to analysis of qualitative data, one pilot site expressed general scepticism about the value of qualitative data and indicated that they could find no way to make it usable. However, the more general view was that while qualitative data has a place in informing local systems, further support was required to make this happen. Principally the concern was that where the data was analysed manually there could be different interpretations depending upon who was analysing the data. This could be assisted with a clear analytical framework. However some sites would prefer to identify an electronic method for analysing data, to provide consistent measurable data in an aggregated form. There is a challenge here insofar as qualitative analysis cannot be conducted electronically, but a robust methodology needs to be identified. This is a particularly salient issue given that the key concern expressed was that if the data was not trusted then it would not be effective in influencing service design and commissioning.

As indicated above, two areas reported ongoing work to renew or revamp their existing IT systems and the importance of influencing this process to ensure that it will accommodate the UDSET data. While development in this area is limited to date, it was clear that individual areas had considered how they might tackle it and a small number had a clear sense of how they might take this work forward on a local level, mainly in the first instance by influencing IT developments. One area that had used the UDSET for a specific evaluation function could however comment that the data that it had generated had worked well in terms of the evaluation. Two other pilot sites are reporting on their pilot in the next two months and this will include accounts of how data was managed, providing a template than others can follow.

5.5   Commissioning

At this early stage, scepticism was expressed by staff in particular about the organisational links being made within their localities between the UDSET data generated and design and commissioning processes. Some respondents were unclear about what was happening to support this link or were aware that little was being done to make the leap from data collection to the provision of usable data, which could influence the design and commissioning process. As previously mentioned, meeting the data management challenges will be crucial in ensuring this link is made effectively.

5.6   Resources

Comments relating to resources fell into two main areas. Firstly there was an acknowledgement that as a pilot project the UDSET work had required significant amounts of time from strategic and management personnel as well as from front line staff. This was in part due to the usual teething problems associated with piloting new approaches to practice. One area noted how much support staff had had from the research division of the local authority in dealing with the paperwork surrounding the UDSET,

> *"We've taken the worry of that away from staff in the short term by producing action lists and guidance notes where appropriate, as well as briefing staff and preparing them for this work – not sure how long this could continue into any mainstreaming operation."*

The second issue which was noted by all those interviewed was the time required to administer the tool in comparison to existing systems. This was particularly the case

for staff who were trying out the approach for the first time, as they were unfamiliar with the tools to begin with. The majority of those interviewed indicated that the average time for gathering the UDSET data was 1hr. In some cases, and particularly where staff had conducted sufficient numbers of interviews to become fully familiar with the approach, this time demand reduced. It was also acknowledged that this time would be reduced where the service user was well known to the staff member. However it could be longer if, for example, the individual had a cognitive impairment. However, it was widely acknowledged that this time was generally felt to be well spent and worthwhile in terms of ensuring effective outcomes for service users and carers. Similarly where paperwork was completed subsequently, this took extra time. However the only person to comment on this identified it as being worthwhile:

> *"There is more paperwork but I would rather do it than not because it's useful and there is something about the carer having their own copy that brings down defences and helps them recognise their role."*

One further minority concern, although with no apparent evidence base, was that there would be a significant increase in demands made on services by using the outcomes approach. No one indicated that such a demand had materialised, although one area felt that the move to using broader community services to achieve outcomes might put pressure on that sector in the long term. One respondent noted that this was more about how and what was delivered rather than it being more – a support rather than services approach, for example supporting individuals to use mainstream services rather than health and social work services. The evidence from digital stories gathered while this evaluation was underway, do not support this concern. Two practitioners in separate pilot sites identified that people did not ask for more resources than previously through focusing on outcomes. It was their perception that the outcomes focus was helping to get priorities right:

> *"It gets right to the source really of what the person feels and what needs to be done. They might not know it needs to be done but that's what we're here for."*

5.7 Mainstreaming

As previously stated, six of seven areas indicated that they intend to continue work on implementing the UDSET approach at this stage. As indicated above there is a general concern about how best to integrate the UDSET approach into existing systems without creating extra cost or too much additional work. Clearly there are still challenges to be met on the road to rolling out or mainstreaming this approach, not least because of the data management issues. However widespread commitment is evident and it should be noted that one area has already mainstreamed the use of the review tool, and another is incrementally building the approach in across their system. Another area again has used UDSET locally in addition to previously existing work on outcomes focused assessment.

6 Discussion

An evolving picture has emerged from this evaluation, which is perhaps only to be expected given the different stages of each of the pilot sites. Comparison between sites is not a key aim of this evaluation, particularly given the variety of locations, client groups and approaches being used within the pilots. Rather the focus is on assessing whether UDSET is achieving what it set out to do. That includes identifying whether it offers a means of refocusing community care services on the

outcomes important to serviced users and carers, whether this approach provides an effective means of engaging staff and supporting and enabling good practice, and at this stage, identifying the potential for the data gathered to be applied to improving services and performance management   At this stage, a picture does emerge of the value placed on refocusing conversations with service users and carers around outcomes, by the majority of the staff and management involved in the pilot sites. It is clear that staff have generally valued the experience of using the UDSET tool as a way of reconnecting with their professional values in particular, by engaging rather than processing people. While views have not been gathered in a systematic way as yet from users and carers about the approach, proxy reports from staff and digital stories indicate positive outcomes are emerging.

There is however some way to go in terms of data management in most pilot sites. While one or two are waiting for clear guidance to emerge others are already beginning to scope out what will be required of their IT systems to accommodate the UDSET data.   Providing support and guidance for the recording and analysis of UDSET data will be extremely important over the coming months.

Scepticism was expressed in both the monitoring tool returns and the interviews about how effective the link between the UDSET data and planning and commissioning of services will be. A number of respondents felt that if this did not happen, whilst users and carers and indeed staff may benefit from an outcome focused approach to the process of assessment and review as well as consultation, then ultimately it will not be embedded. Clear evidence is required that this process can influence service design and commissioning processes.

A further observation made by a number of interview participants was that those outwith the pilots (including those in the same local authorities but not involved in the pilot) had limited knowledge of the UDSET approach.   There is therefore an awareness-raising task that requires to be tackled if mainstreaming is to be a realistic goal over the next 12 months.   There is also a role for early education.   One respondent suggested including the outcomes approach more in professional training across the disciplines as well as ensuring training is available for existing staff in a CPD framework.

High-level buy-in for this approach appears crucial and it was clear from the interviews in particular that where this had happened the agenda had moved on considerably and solutions were sought rather than challenges being identified as blocks to progress. With the exception of one site, where scepticism was expressed, there is otherwise a consensus that data from the UDSET could contribute to reporting on both local improvement targets and the CCOF.

On a final note, ensuring ownership of the tool at a local level appears to be an importance aspect of implementation, and it appears from the evaluation that where this process was participative, fewer challenges emerged.

7   Conclusion

In all but one of the pilot sites at least some staff and managers have welcomed the UDSET approach and tools enthusiastically albeit with some reservations and caveats about what was required in terms of development and implementation. In addition there is a prevailing view that this approach prompts person-centred practice, supports effective engagement with service users and carers and offers potential to increase staff satisfaction.

The clear challenge for the future of the UDSET is how it is mainstreamed and integrated into existing care planning processes and subsequently how the data generated is managed, analysed and fed into the design and commissioning processes. Whilst almost all the pilot areas wish to roll out and integrate the UDSET, there are still unanswered questions with particular regard to IT. Some of these data issues are not exclusive to UDSET, as reviews of SSA have similarly identified significant IT hurdles. However, there are additional work streams to be followed for UDSET in relation to data analysis and the link to the commissioning process.

One of the key tensions in the pilot sites stems from the dual purpose of the UDSET as a way of embedding user and carer outcomes in practice, and the proposed performance management role. Within some pilot sites different members of staff expressed contrasting views as to which direction they wanted the UDSET to follow. While the majority of practitioners were clear that they wanted flexibility and fluidity in their use of outcomes focused tools, to support engagement and overcome minor communication difficulties, a minority of planning managers were more concerned that questions should be asked using the same language in the same order to obtain consistent data. These concerns were also reflected in the use of different scale measures in the different sites. There is also a need to be explicit about the extent to which the practice and performance management issues can be reconciled.

A number of recommendations are made to assist with the mainstreaming of UDSET in existing pilots as well as for raising the profile of this work more generally and these are detailed below. Please refer to pages 5 and 6 of the executive summary for the recommendations.

8.   References and Resources

Cook, A., Miller, E. and Whoriskey, M. (2007) *Do Health and Social Care Partnerships Deliver Good Outcomes to Service Users and Carers? The User Defined Service Evaluation Toolkit (UDSET)* Edinburgh: Scottish Government Joint Improvement Team http://www.jitscotland.org.uk/action-areas/themes/involvement.html

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Scottish Government (2007) National Outcomes for Community Care www.scotland.gov.uk/Topics/Health/care/JointFuture/NationalOutcomes

Whitefield, K. (2008) National Outcomes for Community Care Pathfinder Interim Report: Angus HCCP http://www.jitscotland.org.uk/knowledge-bank/publications/index.html?category=User+and+Carer+Involvement

Appendix   The UDSET MONITORING TOOL (UDSET-MT)

What is UDSET-MT?

UDSET-MT is a brief questionnaire designed to gauge the usefulness to local partnerships of using the UDSET tools. You are being asked to complete this questionnaire because your locality has made use of one or more of the UDSET tools. You are being asked to give *your own personal opinion* of the effect of this experience, not what you think might be the view of your employing organisation.

Before completing the questionnaire itself we would like to know some basic information about the tools that you have experience of using in your locality. Please identify which of the following UDSET tools you have experience of using by placing a tick (yes) or cross (no) in the appropriate box, or by ticking the Unsure/Don't Know box if necessary.

UDSET (or other outcomes based) TOOL	USE in the LOCALITY	UNSURE/ DON'T KNOW
Service User Outcome Focused Care Package Review Form		
Carer Outcome Focused Care Package Review Form		
Service User Defined Consultation Questionnaire		
Carer Defined Consultation Questionnaire		
Digital Stories		
Outcomes Focused Carer Assessment		
Outcomes Focused Single Shared or Community Care Assessment		

UDSET-MT is organised into five main sections:

- User/Carer Engagement and Experiences
- Professional Practice
- Data Collection and Performance Management
- Policy Development and Organisational Arrangements
- An open-ended section on the strengths and weaknesses of UDSET

How Do I Complete UDSET?

In each section you are asked to respond to a number of statements about your experience of the use of UDSET and of its impact upon local performance. All you have to do is decide your opinion on these statements by choosing one of the four options and putting a cross in the selected box:

- strongly agree [SA]
- agree [A]
- disagree [D]
- strongly disagree [SD]

There are no right or wrong answers – only your honestly held opinion. In each case we have also left a box for further comment where you can qualify your answers if you wish. In addition there is a final open-ended section in which we would like you to identify more broadly what you think have been the strengths and weaknesses of your experiences of using UDSET.

It should not take more than 20 minutes to complete this questionnaire and we thank you for your cooperation.

Section 1: User/Carer Engagement and Experiences

STATEMENT	SA	A	D	SD	FURTHER COMMENT
Service users/carers feel more able to reflect on their needs and how they can be met than previously					
There has been an increase in user/carer involvement in decisions about their own care and support					
The views of service users/carers could now have more influence on service planning and commissioning					
Staff are now much clearer about what constitutes a good outcome for service users/carers					
User/carer defined outcomes are more likely to be identified than in the past					
Services and support are more person-centred than previously					

Section 2: Professional Practice

STATEMENT	SA	A	D	SD	FURTHER COMMENT
Professionals are now much clearer about what constitutes a good outcome for users/carers					
Practitioners feel better able to gain a holistic picture of an individual's situation					
There is now a greater opportunity to engage in a meaningful dialogue with users/carers					
There is now a greater level of consistency in the review and/or assessment process					
The time invested in adopting the UDSET approach has been well invested in terms of the benefits					
Staff have been well trained and prepared to use the UDSET framework					

Section 3: Data Collection and Organisational Arrangements

STATEMENT	SA	A	D	SD	FURTHER COMMENT
Service managers now have a much clearer idea of what is going on in local services					
We are now better able to use individual level data to inform strategic planning					
The UDSET approach is, or is expected to be, the mainstream model in the locality					
Using UDSET makes us better placed to deliver on the National Outcomes Framework					
Using UDSET helps us to meet the National Minimum Standards for Assessment and Review					
Using UDSET puts us in a better position to develop our Local Improvement Targets					

Section 4: Strengths and Weaknesses of UDSET

We understand that a questionnaire approach does not always permit people to get their views across. That is why in this final section we would like you to identify what you consider to be the strengths and weaknesses of your experiences of UDSET. It would be helpful if you could identify what you consider to be the **three** best things about your experience, and the three least helpful things. Could you also comment on whether you received sufficient support and materials to use the UDSET.

THREE KEY STRENGTHS	THREE LEAST HELPFUL

ADEQUACY OR OTHERWISE OF JIT SUPPORT AND MATERIALS

Scoring and Interpreting the UDSET-MT Returns

Respondents have been asked to choose one of four boxes on 24 statements. The statements have been couched in such a way that a 'strongly agree' response is highly positive, and a 'strongly disagree' response is highly negative. The scoring is as follows for each response to each statement:

- strongly agree [4]
- agree [3]
- disagree [2]
- strongly disagree [1]

With each section having six statements this gives two types of maximum score:

- per section [24]
- aggregate [96]

How to Interpret UDSET-MT Returns

It is important to distinguish between both the aggregate score and the scores for each section – some localities may be scoring well in some sections but less well in others.

Section 1: User/Carer Engagement and Experiences

SCORE	INTERPRETATION
20-24	The experience of using UDSET has resulted in significant improvements in the way that users and carers are engaged in defining and determining their own care arrangements.
15-19	Some improvements in the way users and carers are engaged in defining and determining their own care arrangements have arisen as a result of using UDSET, but it is recognised that further change is still necessary.
10-14	The use of UDSET has resulted in some discussion about better ways to engage with users and carers, but this has not yet resulted in any changes to practical arrangements.
9 and less	No discernible change in outlook or practice has arisen as a result of using the UDSET tools

Section 2: Professional Practice

SCORE	INTERPRETATION
20-24	As a result of using UDSET there has been a significant improvement in assessment procedures and a much clearer awareness of the outcomes that should arise from subsequent support packages.
15-19	The use of UDSET has resulted in some improvements to assessment procedures and care packages, but it is accepted that further refinement is needed.
10-14	To date there is evidence of only very limited changes to professional practice as a result of using the UDSET model.
9 and less	No discernible change to previous professional practice seems to have taken place since the use of UDSET.

SCORE	INTERPRETATION
20-24	Using UDSET has resulted in significantly improved data collection and cost-effective improvements and the approach is expected to be mainstreamed
15-19	There have been some improvements to data collection arrangements and consideration is being given to mainstreaming the approach
10-14	Only very limited changes to data collection and organisational arrangements have so far arisen as a consequence of using UDSET.
9 and less	The use of UDSET has had no discernible effect upon existing arrangements for the collection of data or organisational arrangements

Aggregate Scoring for UDSET-MT

The aggregate score consists of the total for each of the sections and can range from a minimum of 24 to a maximum of 72. The interpretation of aggregate scores is as follows:

SCORE	INTERPRETATION
58-72	The use of UDSET has been highly beneficial and has resulted in significant mainstreamed changes to the ways in which users and carers are supported.
43-57	Some positive changes in the support of users and carers have arisen from the use of UDSET, but it is recognised that further improvements still need to be made.
28-42	Although some improvements in the way users and carers are supported has taken place, these have been limited and UDSET has yet to be part of mainstream arrangements.
27 and less	The use of UDSET has resulted in no discernible change or improvement to the way in which users and carers are supported.

Professor Bob Hudson,
University of Durham,
February 2008

JIT response to the evaluation of UDSET by the Glasgow School of Social Work

The JIT welcomes the publication of the report resulting from the UDSET evaluation conducted by Ailsa Stewart of the Glasgow School of Social Work. The report is particularly useful at this stage of development, in gathering and collating the views of staff and managers in pilot sites.

It is encouraging that the views expressed by staff and managers indicate that the approach 'prompts person-centred practice, supports effective engagement with service users and carers and offers potential to increase staff satisfaction.' It is also very encouraging that almost all pilot sites wish to continue work on UDSET in their localities.

A number of challenges have been identified, and these issues have been linked to a series of recommendations made in the evaluation report. A key theme linking many of the identified issues is the tension between the performance management and service improvement roles of the UDSET, frequently expressed in relation to data management issues.

As identified in the report, the work on UDSET has also been influenced by other developments during the past year, including the Community Care Outcomes Framework, the publication of the National Minimum Information Standards and the Single Outcome Agreement. The report recommends that further information is required on how UDSET fits with these developments, which in turn relate to the performance management role of UDSET.

The interviews for the evaluation were conducted several months ago. During the intervening period some of the concerns identified by interviewees have also been expressed in other forums such as UDSET workshops, and in direct contact between the JIT and pilots sites. Work has therefore continued towards resolving many of the issues identified. This response will set out the broad direction of the UDSET work before going on to respond to the recommendations.

- As the primary goal of the UDSET is to improve outcomes for individual users of community care services and their carers, this is where attention has been focused in the early stages of development, and the findings of the report indicate this aspect has been successful to date.

- However, as has been emphasised by the evaluation, the performance management and commissioning roles now need to progress in order to realise the full value of UDSET, to ensure that it is embedded in local systems and to support a focus on outcomes amidst other competing performance indicators and priorities.

- The Single Outcome Agreements focus on outcomes at a high level, with scope for each local authority/partnership to identify how they will improve outcomes at the local level, as well as how they will evidence this.

- The National Minimum Information Standards for assessment, care planning and review, have developed alongside the UDSET as key components of the CCOF. Both components emphasise good quality data gathering from service users and carers and both focus on outcomes. Both also allow for local flexibility in development of tools, around key information components and/or outcomes. Work on linking the two will continue through the Assessment Review Co-ordination Group.

- Staff have consistently identified that a flexible approach is required in outcomes focused discussions with people in a wide variety of situations and that prioritising quantifiable data gathering can interrupt the flow of conversations.

- The most recent UDSET workshop on data management involved staff from partnerships and from the Scottish government, and the consensus was that it was not desirable to work towards one-size-fits-all tools.

- However, recognising the need for broad consistency, and a need for quantifiable data gathering there was also agreement that the outcomes at the centre of the UDSET should remain more or less the same across partnerships, and that tools should comprise both qualitative and quantitative (scale measures) data gathering.

- The 6 community care outcomes measures relating to the UDSET are now reflected in the National Minimum Information Standards which also support consistent data gathering across partnerships.

- In short, the primary focus is on good quality interactions with service users and carers. While tools should enable recording of the key aspects of the discussions, any recording of data standards and/or scale measures should be completed as a by-product with minimum disruption to the interaction.

- This approach to data gathering should mean that data can more easily be collated at the local level for service improvement and that the data will be broadly comparable between localities.

- While developmental work on various aspects of data management is ongoing and will continue to be shared, there is also early work beginning on performance management and commissioning which will in turn influence how data is managed.

In relation to the specific recommendations in the evaluation we can report that the following steps have been taken or are underway:

1. As identified above, a shared view is emerging in relation to reconciling the service improvement and performance management roles of the UDSET. A brief record of the key decisions from the data management meeting at Strathclyde University in September is available on the JIT website or on request (contact details below).

2. The issue of obtaining feedback from service users and carers is an area which the JIT has encouraged partnerships to include in their piloting work. Partnerships have identified barriers including concerns about over-consultation with service users and carers, and asking client groups with cognitive impairments to recall previous meetings, and most feedback so far, while positive, has been via staff as proxies. Two pilot sites are currently working on obtaining feedback from users and carers and the results will be shared when available. Further to this, the measure now built into the National Minimum Information Standards, relating to user and carer involvement in the design of the care/support package, provides a further source of relevant data.

3. Two pilot sites have already redesigned their assessment tools around user and/or carer outcomes. North Lanarkshire was already moving in this direction prior to their involvement in the UDSET pilot, and have been using outcomes focused assessment for around a year. Focus groups were recently conducted with practitioners and senior staff in the locality, and a report on the findings of these groups will be available in November, including key lessons learned and recommendations for future developments to continue to build outcomes into practice. This will be available on the JIT website.

4. As identified, work is continuing on a range of data management issues. A number of pilot sites have made progress in the analysis and reporting of both qualitative and quantitative data and learning and materials from these partnerships have been shared across pilot sites. The Angus model of collecting qualitative and quantitative data simultaneously has been replicated in other pilot sites and their spreadsheets shared. Glasgow SWCHCP have reported on the data gathered from their pilot, and this report will be available on the JIT website in November. Further reports will be published when they are ready. To support the data management process further, guidance on gathering and analysing UDSET data is being developed, including links to useful materials, and will be published in November on the JIT website. This guidance builds on the learning from pilot sites and includes a revised version of the qualitative analysis support materials already published.

5. With regard to training materials, there are materials already on the JIT website, including some provided by East Renfrewshire. The user and carer involvement section of the JIT website is currently undergoing redesign. The new layout will include a specific section for training materials, which will contain the new support pack for staff (recently posted on the website) as well as powerpoint presentations to help explain the outcomes approach, and materials shared by partnerships. Additionally, a new collection of digital stories has been recorded and this will be available mid-November. The collection, which can be used in workshops and training events, will be available on request from the JIT and includes stories from carers, service users, staff and a manager. Reflecting the view expressed in the evaluation, that local ownership of the outcomes approach is important, the content of the training section will include a range of materials that partnerships can select from.

6. As recommended by the evaluation, a learning and sharing event for existing pilot sites has been organised for the end of November. This will provide an opportunity for pilot sites to hear what has been happening in other areas, to identify key learning points and exchange information and identify the next

areas for development. Information from this event will also be shared on the JIT website by the end of the year.

7. The report recommends that an awareness raising strategy needs to be developed to disseminate information more broadly across partnerships other than pilot sites. Work is currently being undertaken by the PIOD who have offered visits to all partnerships in Scotland, to discuss the community care outcomes framework including the UDSET. In addition, information has been disseminated via government newsletters and through presentations at a wider range of events.

8. An updated version of the UDSET is currently under development. This has been developed to reflect the evolving understanding of how UDSET can work in practice, and to respond to a range of issues similar to those raised by this evaluation. The second UDSET report will also include further guidance on how the CCOF, NMIS and UDSET fit together, as well as referencing the wider relationship with the Single Outcome Agreement. Additionally, specific work has been undertaken on linking the NMIS and UDSET and this report will also be available in November.

9. In relation to commissioning and planning, work has already begun on these areas in Glasgow. Glasgow SWCHCP recently reported on the findings of their pilot and consideration is currently being given to application of the data to performance management and also to the potential use of UDSET in the contract management framework. In addition pilot work is underway with two provider organisations and mechanisms are in place to ensure that the learning for commissioners and inspectors of care services is captured. The learning from all of these developments will be shared as the work progresses.

10. In relation to service users who are receiving services either not at their own request or against their will, this was one of the areas touched upon by the focus groups in North Lanarkshire, where relevant work is underway. This issue will therefore be referenced in the forthcoming report on the focus groups, and consideration may be given to further exploration of this topic in the locality.

11. Considerable work is currently underway on approaches required for people with communication difficulties. Although further work will be required, steps so far include an information sheet for service users and carers including pictures and case studies of what outcomes can mean to individuals. A digital story about communication with a service user with dementia has been produced and is included in the digital story collection. Work is underway with staff from Stirling University, building on the work they have done with talking mats. The aim is to identify UDSET specific application of the mats. A new pilot in Dumfries and Galloway includes people with learning disabilities and a pre-review tool has been developed to be piloted shortly to engage service users in thinking about outcomes prior to review taking place. The JIT have also produced brief guidance around communication issues and the updated version will be available on the website in December.

We are working with existing and new pilots sites to continue resolving these issues. The user and carer involvement section of the JIT website is about to be reorganised Information will be shared as it becomes available through November and December

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http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/