Personal outcomes

Learning from the Meaningful and Measurable project: Strengthening links between identity, action and decision-making

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Introduction

This resource provides an update to the “Talking Points Personal Outcomes Approach: Practical Guide” (Cook and Miller 2012), which summarised learning from implementation of an outcomes approach in Scotland from 2006 to 2012.

This new resource summarises learning from the Meaningful and Measurable project. Meaningful and Measurable was a collaborative action inquiry project which involved seven multi-sectoral organisations in Scotland, and one local authority in Wales. Funded by the Economic and Social Research Council (ESRC), the project also involved the Universities of Edinburgh, Strathclyde and Swansea. The project ran from November 2013 to February 2015 and set out to improve understanding about the difference made by focusing on outcomes in practice.

This summary of the learning from the project builds on a series of other outputs, which are included in the references, with links embedded throughout. This summary also reviews continuing areas of tension and aspects of the work requiring further attention.

As with the previous guide, this is intended as a resource that can be useful to organisations, practitioners and anyone involved or interested in what personal outcomes mean in practice. An app based on this resource will be available at ihub.scot shortly.

Learning summary

A key concern of Meaningful and Measurable was to ensure that personal outcomes data gathered through practice encounters should be of sufficient quality to be useable for decision-making, at individual and collective levels. The project was a further stage in the journey of embedding personal outcomes, which increased understanding on several themes, including the following.
To varying extents, outcomes focused and enabling conversations are taking place across diverse services. The project established the contribution made by these conversations to restoring the individual’s sense of identity, to clarifying purpose and as therapeutic interventions in their own right. Additionally, the quality and reach of dialogue within organisations needs to be sufficient for practitioners to feel valued and listened to, and for different parts of the organisation, including frontline practice and information people, to understand each other’s contribution to achieving outcomes.

Even where good conversations are taking place, this does not necessarily translate into records. Recording practice needs attention in its own right. The project partners agreed on five simple criteria for personal outcomes records, providing an accessible and useful basis for improving recording.

Audit of records alone is not enough. Understanding data quality requires exploring the barriers faced by practitioners. Where this happened, practice improved, along with the quality of recorded data. A distinction between ‘improving’ and ‘proving’ has been identified previously (Miller 2012). Project partners focused primarily on using data for internal improvements linked to practice, based on the outcomes important to people using the service, with a secondary concern to prove how good the service is to external audiences.

Quantitative data alone do not present a true picture of personal outcomes, and should be used ‘with caveats, and not in isolation’ (from other sources of information, including qualitative data). It also emerged that understanding of qualitative data analysis is limited in services, and there is a need to establish the middle ground between story and statistics. It is possible to qualitatively analyse small numbers of stories in a robust way to improve evidence and understanding of what is working well and less well for people, and to apply this learning.

Regarding use of information, improved understanding obtained through audit and staff engagement was linked to service adaptations. These included increased staff involvement in decision-making, approaches to appraisal, supervision of staff and audit; processes which could be described as performance management, although more linked to frontline practice, than to predominant forms which tend to be centrally and statistically driven. Although each case study was distinct, consistency between partners was encouraged through collaboration. While progress was also made with use of data for performance reporting and commissioning, this was more preliminary, with ideas emerging about a more bottom-up and collaborative approach with commissioners, consistent with, rather than diverting attention away from, the improvements taking place.
Where we were before Meaningful and Measurable: a very brief review

In summary


» The Exchange Model of Assessment has provided a powerful motif in representing the importance of negotiating different perspectives, with emphasis on including the perspective of the person using services, in agreeing outcomes and associated actions.

» The culture change involved includes the practitioner choosing who to be with the person, an expert or an enabler, recognising that it is sometimes necessary to move between roles but that this should be a conscious choice, rather than assuming the default position of expert.

» Although there was tentative evidence about the benefits of outcomes focused conversations, more robust data were required.

» Although policy increasingly emphasises personal outcomes, constraints in the system need to be addressed, and include informational demands including commissioning, performance management and prioritisation, and the aspiration was to progress these elements.

» The project provided opportunities to test assumptions thus far.

A potted history of the developments leading to this work is as follows.


» Research at Glasgow University 2004–2006 on the outcomes of partnership working between health and social care.

» Development and implementation work with the Joint Improvement Team of the Scottish Government, the researchers from the Glasgow University project, partnerships and practitioners from 2006.

» Links established with colleagues in Wales from 2007.

» Increasing policy emphasis on personal outcomes from 2010, escalating involvement across sectors and with diverse national bodies.

» An outcomes data retreat in 2012 at Edinburgh University included representatives from across sectors, national bodies and Welsh colleagues. Decision to apply for research funding to advance understanding about how to progress use of information about outcomes.

» Research and knowledge exchange project, ‘Meaningful and Measurable’ ran from November 2013 to February 2015.
A significant element of international public sector reform over many years has been the shift from a management regime focused on rules and procedures towards an approach that pays greater attention to the results that matter to the public. This involves a focus on results and impact, raising challenges about how to effectively measure outcomes. Some of these challenges have been discussed previously (Miller and Daly 2013). There has also been a long term concern to ensure that measurement concerns do not eclipse practice development opportunities associated with personal outcomes (Cook and Miller 2012).

Work on developing and embedding personal outcomes has been part of a long term programme of work since 2006. An early learning point was the challenge (for everyone involved) of shifting from identifying deficits and matching those to services as the starting point, to the need to work with the person, and their family where relevant, to identify what was important to them in their life, or the outcome(s) they wanted to achieve. Early work concentrated on re-orienting the conversation at the frontline and finding out how best to work together to achieve the outcomes identified. The Exchange Model of Assessment (Smale et al 1993) was found particularly helpful in illustrating the need to bring together the views of everyone concerned, in working with the person to negotiate, identify and record the outcomes important to them (Figure 1). This model supports the kind of shared decision-making currently being promoted in health contexts.

**Figure 1**: Smale and Tuson’s exchange model (adapted)
The importance of the organisational view, in terms of its approach to performance, prioritisation and so on, as well as the support provided for staff, was found to be increasingly important as will be discussed in the section on the role of the conversation.

Table 1 below has been published in various Talking Points outputs. The table compares key features of service led and outcomes focused approaches. In reality, it is not always a case of either/or. For example, practitioners need to think about who they are working with and in what circumstances. In crisis situations, it may be appropriate to think of the person as someone who requires a service. In other situations, it is more appropriate to think of an individual with skills and experiences who can contribute to their own outcomes, including through supported self-management. Alongside that is the practitioner choice about who to be with that person, an expert or an enabler, recognising that it is sometimes necessary to move between roles but that this should be a conscious choice, rather than assuming the default position of expert. Outcome focused practice usually means starting in an enabling/facilitating role and then identifying where professional expertise might contribute towards the outcomes.¹

Table 1: Summary of service led and outcomes focused practice/systems.

<table>
<thead>
<tr>
<th>Service led</th>
<th>Outcome focused/person centred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endpoint</strong></td>
<td>Delivery of service</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Pre-determined question and answer formats</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Obtaining information required for form filling = ‘filtering’ information</td>
</tr>
<tr>
<td><strong>Person</strong></td>
<td>Client, service user or patient who receives services</td>
</tr>
<tr>
<td><strong>Practitioner</strong></td>
<td>Expert</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Identify problems and deficits and match to a limited range of services</td>
</tr>
<tr>
<td><strong>Recording</strong></td>
<td>Tick box</td>
</tr>
</tbody>
</table>

Table 1 points to constraints in the system. Although outcomes can help to overcome these barriers, they are not a magic bullet. Sustained support to the workforce is a key component. Other aspects of the system, such as approaches to prioritisation, performance management and commissioning, need to align to support outcomes and to avoid a return to service led approaches.

After testing out outcomes approaches in different contexts, understanding developed about:

- the links between outcomes focused conversations in the context of relationships
- the recording of those outcomes in service documentation, and
- the use of collated data to inform decision-making.

It was recognised that each component involved specific additional knowledge and skills.

When work started on embedding outcomes in practice, there was limited policy emphasis on personal outcomes. A range of policy developments from 2010 placed personal outcomes more towards centre stage. These include but are not limited to those identified in Figure 2.

**Figure 2**: Personal outcomes in Scottish policy (adapted from Petch 2012)

Integration refers to integration between health and adult social care.
During the early years, while much effort was concentrated on practice and policy engagement, and in trying to ensure that people using services were being listened to, evidence of the difference made was patchy. We were able to identify the following advantages, mainly from unpublished studies:

» Improved public involvement in individual and organisational decision-making (Nicholas and Qureshi 2004)
» Clarity of purpose, with decisions less likely to be made on the basis of assumptions (Johnstone and Miller 2008, Thompson 2008)
» Improved agency associated with strengths based practice (referenced but not evidenced by Slasberg 2009)
» Therapeutic benefits from a conversational, assets based approach, which can already achieve outcomes (Petch 2012, Barrie 2013, Tsegai and Gamiz 2013)

There was a need to generate more robust evidence and to improve understanding of the difference made by outcomes focused conversations. The project was also responding to interest in understanding how combinations of quantitative (scale measure) and qualitative (narrative) data can inform a range of organisational requirements, including:

» individual support planning
» practice development, service improvement and redesign
» service planning and commissioning, and
» using more personalised methods to measure outcomes to gauge performance.

The Meaningful and Measurable project also provided opportunities to test assumptions thus far.

Meaningful and Measurable

In summary

» Eight practice partners participated in this collaborative action inquiry project.
» The project aimed to explore different approaches to capture and use of personal outcomes data, exploring long-standing tensions in the process.
» While each project partner had its own aims, common themes were exploration of recording, testing out different types of information use, and working with practitioners to improve services.
» The collaborative aspects of the project were supported by data retreats involving practice partners and academic mentors, and knowledge exchange events with a wider range of stakeholders.
The Meaningful and Measurable project lasted 15 months, starting at the end of 2013. It involved the Universities of Edinburgh, Strathclyde and Swansea, national bodies from Scotland and Wales and various practice based organisations (see Table 2). About a year before funding was obtained from the ESRC, organisations that had participated in the 2012 data retreat at the University of Edinburgh were invited to express interest. As the basis of the funding stream was knowledge exchange, and the ESRC required match funding, partners were asked to make a contribution in kind in the form of staff time. Representatives from eight organisations successfully made the case with their management to be able to participate, with most involving two staff, most of whom involved other staff in their organisations, and all eight partners contributed to the findings described here. Only one partner was unable to produce a case study report due to staff illness/departure from post.

It should be noted that the focus of the project was not specifically the Talking Points approach. There is a separate outcomes framework for children and young people in Scotland, “Getting it Right for Every Child (GIRFEC)”, and one partner involved their children and families service, using that framework. However, there is a strong read across between the outcomes identified in each framework (Cook and Miller 2012). Further, while all but one of the organisations working with adults were using variations of Talking Points, core principles were shared between approaches, as explored in the findings.

A key focus of this collaborative action inquiry project was to progress use of personal outcomes data, which project partners were already collecting for a range of purposes.

The overall aims of the project were as follows.

1. To develop and test out in practice approaches to the qualitative and quantitative analysis of personal outcomes data and use of this information for decision-making within organisations.
2. To capture emergent good practice in the analysis and use of personal outcomes information and disseminate this widely to practice, policy and academic audiences.
3. To explore the practical, epistemological and political tensions inherent in this work and capture evidence on the benefits and limitations of different approaches.

In addition to the overall aims, each case study site produced their own baseline report before the first data retreat, each identifying their own aims. Table 2 identified each partner organisation, the type of outcomes approach they have adopted and the aims from their baseline reports.
<table>
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<th>Partner</th>
<th>Approach</th>
<th>Aims (mainly from project reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angus Council Children and Families Services</td>
<td>Tool intended as interactive approach to measure outcomes</td>
<td>To better understand if, and how, an outcomes focused approach can support working practice and be more effective in supporting the wellbeing and independence of children and their families. Further aims identified to develop consistency of approach, collate and analyse data for evaluation and commissioning purposes.</td>
</tr>
<tr>
<td>Bridgend Council Adult Services</td>
<td>Refocusing efforts based on previous work by SPRU and Talking Points. Prioritising a conversation based approach with a view to measures for the NOF</td>
<td>Phase 1 – to explore how we currently record and evidence an outcomes focused approach to practice, with a view to identifying improvement opportunities and people’s roles in taking the necessary change and development forward. Phase 2 – to identify and agree what development and change is needed to influence and support decision-making and have better information which can inform practice development, commissioning and performance management. In parallel to the local pilot work, the project linked directly to participation in early stage pilots (continuing) to develop outcomes measurement for the Welsh National Outcomes Framework.</td>
</tr>
<tr>
<td>Edinburgh Council Adult Services</td>
<td>Revisiting an outcomes approach informed by Talking Points</td>
<td>To better understand the practice of recording of outcomes in assessment before and after the implementation of the Social Care (Self-directed Support) (Scotland) 2013 Act.</td>
</tr>
<tr>
<td>East Renfrewshire Health and Care Partnership</td>
<td>Early implementer of Talking Points, including both narrative recording and measures</td>
<td>Exploring frontline practitioners’ understanding of personal outcome data and how that influences practitioners’ service improvement activity.</td>
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<tr>
<td>Partner</td>
<td>Approach</td>
<td>Aims (mainly from project reports)</td>
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<tr>
<td>Moray Council Adult Services</td>
<td>Early implementer of Talking Points, including both narrative recording and measures</td>
<td>The focus for the Moray project is to explore the use of personal outcomes data in relation to telecare and home care visits of 15 minutes of duration. This focus will aim to consider the extent which information on personal outcomes can support service improvement, performance management and the commissioning of services.</td>
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<td>Penumbra</td>
<td>Developed inhouse approach (I.ROC) to measuring wellbeing and recovery</td>
<td>To explore to what extent outcomes focused conversations are actually happening. Based on this knowledge, to then explore to what extent these conversations are reflected in the associated reporting practices.</td>
</tr>
<tr>
<td>Stirling Council Reablement Service</td>
<td>The council’s adult services have adopted Talking Points though this was less developed in home care services</td>
<td>Improve identification of personal outcomes with people using the reablement service. Develop a common understanding and approach to recording outcomes, including quality of life outcomes across the service. Improve links between practice and performance by involving reablement practitioners in developing performance indicators. Improve effective communication of outcomes between assessors and providers. Use learning about documenting personal outcomes in improving services and performance.</td>
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Voice of Carers Across Lothian (VOCAL) - third sector

<table>
<thead>
<tr>
<th>Partner</th>
<th>Approach</th>
<th>Aims (mainly from project reports)</th>
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<tbody>
<tr>
<td>VOCAL</td>
<td>have developed their own version of Talking Points, though with strong similarities</td>
<td>The initial focus of VOCAL’s action research project was how information on personal outcomes is being recorded on our electronic recording system by staff and volunteers and how that information could support service improvement, planning and performance management within and beyond VOCAL. However, as we have analysed the information we hold on personal outcomes, our focus has shifted to getting a better understanding of what supports good outcomes focused recording practice.</td>
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Reviewing practice partner aims, a number of common themes came to the fore:

» the key theme was information use, including practice or service improvement (5 sites) performance management (4 sites) and commissioning (3 sites)

» the most prevalent theme relating to practice included recording (5 sites) with one reference to exploring the extent to which outcomes focused conversations were happening (1 site)

» some sites explicitly linked efforts to investigate practice to informing their improvement work (4 sites), and

» one site sought to explore whether outcomes for people using the service are supported by the approach (1 site).

As hinted at in Table 2, recording tools, formats and levels of detail vary across services. The key variables of interest in the project were the use of scale measures and narrative recording. Many services have developed support plans and reviews that collect both types of outcomes data, including five of the eight project partners.

The narrative provides details of the outcome from the individual’s perspective, and interest increasingly focused on this aspect over time. A further variation was in the methods adopted within case study sites.

While all sites conducted an audit or review of their recorded records, most also conducted interviews and/or focus groups with practitioners and others, as highlighted in Table 2. While each organisation was conducting its own case study, the project also facilitated four data retreats, providing three overnights and one full day gathering point for projects to come together and exchange learning as their case studies progressed. There were also three knowledge exchange events, which included contributions from the case studies and discussion with a wider group of stakeholders. Reports on these events are available on our website, the Personal Outcomes Collaboration (https://personaloutcomescollaboration.org/meaningful-and-measurable).
A range of reports have emerged so far from this project, in line with the different processes and methods involved. These include:

» seven brief case study reports by practice partners
» three brief reports on the knowledge exchange events
» a practical guide to recording outcomes based on project partner examples, and
» three more detailed and evidence-based briefings on measuring personal outcomes in service settings, supporting qualitative data use and using outcomes information.

In setting out the findings of this project, the authors also undertook a thematic analysis of audio recorded and transcribed interview and focus group data collected by some of the practice partners, and from data retreats with project partners. This report, therefore, draws on multiple sources of evidence.

The report will now turn to considering the findings of the project.

Shifting the balance from analysis and use of data to recording and data quality

In summary

» An early finding of the project was that recorded narrative data about outcomes was of poorer quality than expected, was stored in diverse locations, and often outside of formal documentation, in case notes.
» It was acknowledged that practitioners were facing diverse and competing demands in their recording practice.
» There has also been growing recognition that people using services need time, space and a supportive relationship to recover, reflect on their lives and to identify what their priorities are, and achieve understanding. This quality of interaction is also required to generate personalised outcomes information of sufficient quality to inform decision-making.
» There is also a long-standing concern to ensure that people with diverse ways of communicating are not excluded from a personal outcomes approach, with awareness of the need to include different sources of information to understand what these outcomes are, including non-verbal communication, and this should be recorded too.
In this section, we refer largely to existing outputs from the project. Where we are using sections from other outputs, this is clearly acknowledged in the text. The following text is taken from one output, which included multi-agency examples of recorded outcomes (Miller and Barrie 2015a).

Although at the outset, project partners were at different stages with embedding outcomes, all were supporting outcomes focused conversational approaches to assessment and planning, with the expectation that some outcomes narrative would be recorded for each individual. At the first data retreat for the project, several partners identified that they had already looked at the outcomes data in their IT systems, and although some had an expectation that recording might require attention, the data were not what they expected in a range of ways:

» although there were many examples of personal outcomes being recorded in the narrative, the quality was still uneven between practitioners and teams

» outcomes data were recorded in diverse locations, including formal tools, case notes, referral documents and associated measurement tools, and

» most (although not all) partners reported that the more useful and outcomes focused data tended to be recorded outside of formal documentation such as support plans, presenting significant challenges for data collation.

From an early stage in the project, therefore, it became clear that even where practice partners had made significant investment in supporting outcomes focused conversational practice, the recording of outcomes required further attention in its own right.

You know, the assumption we made that outcome-focused conversations will flow through to the outcomes record was wrong for us. (Practice partner 1)

It was agreed at this first data retreat that examining the records in detail had exposed a range of existing tensions running through recording. The suggestion was made that the detailed focus of the project ‘had lifted a rock’ on recording and that a lot of small bugs which had been hiding in the recording system for a long time had now been exposed to the light!
An early knowledge exchange event included discussion on recording, with one participant identifying the range of demands made of practitioners.

*Well, you’re really thinking about multiple audiences, but primarily the outcomes have to make sense to the person who’s using the services. But… there are challenges around writing for multiple audiences, which we need to acknowledge. That practitioners are recording for the person, for their managers, for colleagues in other sectors increasingly with integration, and also the scrutiny bodies in mind. And that puts a lot of pressure on practitioners to get the information right.* (Knowledge exchange participant)

Following the first data retreat and knowledge exchange event, most partners turned their attention to investigating recorded outcomes data, with the majority also including interviews and/or focus groups with practitioners, to further explore recording. In other words, the balance of attention changed from analysis and use of data to recording and data quality. From an early stage, there was agreement that maintaining an appreciative attitude towards practitioner engagement was essential, including understanding practice in context of organisational pressures. Only one partner had identified as an aim from the start that they wanted to find out whether outcomes focused conversations were taking place. However, this topic came up repeatedly both in the case study sites and in the shared events. While we anticipated that there would be some testing out of previously anecdotal claims about outcomes focused conversations, this became a bigger focus of the project than originally anticipated. We now discuss in turn findings on the conversation, and then recording, before reviewing how partners used their outcomes information.
The importance of the conversation

In summary

» The project produced detailed evidence of the role of the conversation within the context of relationship building, as a key contribution and an effective intervention in its own right.

» Evidence of the benefits to the person include the therapeutic advantages of good conversations, individual involvement in decision-making, greater clarity of purpose and more enabling practice.

» In parallel to the conversations having to change at the frontline, there was evidence about the need to change the conversation in the organisation as a whole, and to ensure that practitioners were effectively supported to focus on outcomes.

» Factors which promote the focus on personal outcomes at organisational level include sharing good practice examples and storytelling, changing the conversation at every level, supporting practitioners so that they feel valued and listened to, and a feedback loop to practitioners about how outcomes information is used.

» There is a potential lost opportunity when outcomes are considered primarily as something to be measured and counted, rather than a chance to develop a shared understanding of the person’s life and priorities.

Before we consider the findings about the conversation, we will briefly recap on what was already known about this before the Meaningful and Measurable project started.
The need to revisit, and evidence, the importance of the conversation

From an early stage in embedding personal outcomes, there was a shared view that it should lead to improved involvement in decision-making, both at the level of the individual, through developing the plan of action, and at the organisational level, through collation, analysis and use of data collected through multiple plans. In this section, the interest is in the benefits to the individual. The key claims about the benefits of outcomes focused practice are summarised on page 10. A fuller account is available of the stages of investigating the barriers practitioners face in having outcomes focused conversations, and steps taken to try to support these before the Meaningful and Measurable project started (Miller and Barrie, forthcoming). The same article also provides a fuller account of the evidence from this project.

However, before setting out the summary findings, two diagrams are included to set the context. Although a key concern has been supporting practitioners to find capacity to have these conversations, there has also been growing understanding that people using services need time, space and a supportive relationship to be able to recover, reflect on their lives and to identify their priorities. Figure 4, developed from research with people with Asperger’s, has proven popular in illustrating the importance of the concept of achieving ‘understanding’ in conversations, as reflected in the project findings below.

Figure 4: The Triad of Understanding (Jackie Martin et al 2012)
It is also worth mentioning another long-standing concern. This is that the concept of conversation should be understood in its widest sense, to include non-verbal and other communication. Although not a direct output of Meaningful and Measurable, subsequent work in care homes, informed by the project findings, provided an opportunity to work with care home staff to think about the diverse sources they use to work out what matters to people with dementia. Figure 5 below was tested out with the staff, who agreed that the range of sources are required, and provided multiple examples of how they did this. The care home staff added honesty, integrity and trust to the model. A full account of this work is available (Barrie and Miller, forthcoming).

Although not possible to fully report the findings here, the meaningful and measurable project produced detailed evidence of the contribution of conversations to a personal outcomes approach. The evidence was generated through interviews and focus groups in case study sites, as well as audio recorded discussions at data retreats and knowledge exchange events. The authors analysed the transcripts to identify themes relating to conversations and recording. Limited examples of the data informing these findings are included in Table 3.
Table 3: Key themes on the contribution of conversations to a personal outcomes approach

<table>
<thead>
<tr>
<th>Conversations:</th>
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<tbody>
<tr>
<td>Form the spine of an outcomes approach</td>
</tr>
<tr>
<td>Achieve outcomes in their own right/provide therapeutic benefits</td>
</tr>
<tr>
<td>Support individual involvement in decision-making/defining outcomes and goals</td>
</tr>
<tr>
<td>Support more relevant and effective decision-making (achieving clarity of purpose)</td>
</tr>
<tr>
<td>Acknowledge and build on the person’s strengths and assets (supporting enablement)</td>
</tr>
<tr>
<td>Help to ensure the person is supported to identify the role they want to play in achieving outcomes (supporting enablement)</td>
</tr>
</tbody>
</table>

Here we include examples of these themes. The first is about the importance of the conversation in its own right. A participant in the first knowledge exchange event summarised the group discussion that had taken place, highlighting the responsibilities attached to engaging in the complexity of people’s lives.

*And this came back again and again, really strongly, was around... What it is we’re actually working with and that we mustn’t lose sight of in our relationship with people and their families, that we’re dealing with people’s captured emotions or intimate concerns. Their hopes, their worries, their fears, their dreams. And that’s an incredible privilege, but it’s also a huge responsibility. This isn’t just, you know, numbers and scores. This is... This is the inner complexities of people’s lives. (Group four, Knowledge Exchange 1)*

This quote touches on a concern that emerged repeatedly during the project, about the potential lost opportunity when outcomes are considered primarily as something to be measured and counted, rather than a chance to develop a shared understanding of the person’s life and priorities.

In the next example, a practitioner explains what she thinks it would be like if their organisation had not moved to outcomes focused practice. She highlights the importance of understanding the carer perspective.

*You would have no essence of what... what mattered to that person or... or where they were at and where they would really like to be. You would... you would just be filling in forms and... anybody can do that, anywhere. We’re all trained to have those conversations and there are reasons why we’re trained to do it. It’s because it makes a difference. And carers have said it makes a difference. (VOCAL interview)*

The same practitioner goes on to talk about the importance of the conversation in its own right, particularly for carers in crises.

*But I think when you’ve got carers who are... who are... a lot of the time, in crises, they... they often... I’ve come off conversations and I’ve not had a thing to do, all they needed was someone to talk to. And you would lose that if we didn’t focus on outcomes.*
In the next example, a support worker identifies the way of thinking she has adopted in light of the organisation’s outcomes approach. She emphasises collaborative working, identifying the roles each person can play.

*It’s a collaborative thing. It’s not just for staff to do to a service user... You need to engage the person with it. So you’re like what... What can you do? What can I do? Sort of thing. And what can we both do?* (Penumbra interview)

In parallel to the conversations having to change at the frontline of practice, there was a lot of discussion about the need to change the conversation in the organisation as whole, and to ensure that practitioners were effectively supported to focus on outcomes. The key themes on this topic are listed below (Table 4).

**Table 4: Key themes on organisational supports required for good conversations**

<table>
<thead>
<tr>
<th>Outcomes focused conversations require ongoing support to practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing professional development should include sharing good practice examples and storytelling</td>
</tr>
<tr>
<td>Practitioners also need to feel valued and listened to</td>
</tr>
<tr>
<td>The conversations need to happen throughout the system</td>
</tr>
<tr>
<td>Use of the information gathered should include a feedback loop to practitioners</td>
</tr>
</tbody>
</table>

The following example illustrates the first theme, and came from a manager who acknowledged that it was not enough to provide training to staff, but that outcomes focused conversations require ongoing support to practitioners.

*But it needs to be part of the day job. It needs to be not you go on a training course and learn and go back... So I need to try and get that culture where this is discussed in team meetings as it’s part of day-to-day stuff.* (Bridgend DR2)

On linking practice and information, one partner talked about relational aspects of the work within the organisation, and the need to link commissioning processes for example, through conversation and relationships, to practitioners.

*Again, a lot of it is relational. [Practitioners] really want to have that, kind of, rapport and a relationship approach to... to working with the commissioning teams and everything.* (Practice Partner 2)

A key theme arising here is the critical role of the conversation within the context of relationship building, as a key contribution and an effective intervention in its own right. Many of the examples highlight the importance to practitioners of using conversation to allow the person to tell their story and as the means of clarifying purpose. Yet, practitioners have also identified that their systems do not support such forms of interaction, which highlights the requirement for the conversations to take place at different tiers in the system, supported by management practice and policy.
The importance of narrative recording - confirming principles and new findings

In summary

» Detailed attention to the role of recording started with considering the importance of narrative recording in general, to the recording of personal outcomes in support planning, and then to recording personal outcomes at review, with distinct benefits evident at each stage.

» Five criteria were agreed as indicators of good personal outcomes recording:
  » a clear distinction between outcomes and outputs,
  » the outcome should be personalised
  » the person/family should have a role
  » the person's own language should be used as appropriate (including non-verbal communication), and
  » the plan should be action oriented.

» The carer case study has been written as a journal article, focusing on the role of recorded narrative in supporting carer, practitioner and organisational memory, and in supporting relationship building.

» Practitioners identified their wish to find a balance between recording in a concise way so that the information is manageable and retrievable amongst large numbers of records, and ensuring that meaning is not lost.

» A range of conflicting pressures were identified on narrative recording, with some distinctions noted between statutory and voluntary sectors.

We already referenced the guide from the project, containing multi-agency examples of recorded outcomes (Miller and Barrie 2015a). The same guide is referred to here, in exploring the potential benefits of narrative recording to the individual and the practitioner.
At one of the data retreats, several project partners had engaged with practitioners to explore their approach to outcomes, including their views on recording. This research largely confirmed that practitioners were having conversations about outcomes, but were identifying diverse challenges with translating the conversations into documentation and particularly IT systems. Project partners worked together to reconsider the role of recording, with consensus around the need to elevate the status of recording and recognise its value. This included the importance of recording in general as well as of recording outcomes during support planning and review processes specifically. In the recording guide, we include a section developed following that data retreat called ‘Why does recording matter?’

» Tells the individual’s story, making sense of available information, to inform decision-making.

» Provides an account which the person/family can own/reflect on.

» A clear plan provides a sense of direction for the practitioner and the agency which can be referred back to if the journey gets complicated.

» Provides a record which can be shared and clarifies the plan between agencies.

» Provides evidence of discussions and activity, supporting accountability.

» Informs decision-making at both the individual and organisational level.

**Why does recording personal outcomes matter?**

» Should clearly distinguish between outcomes and outputs, representing a shift away from service led recording.

» Gets beyond the what to the why, thus providing clarity of purpose

» Should involve the person, natural supports and community-based considerations, including the contribution they want to play towards the intended outcomes, reflective of an enabling and inclusive approach.

» Given that the person should be involved as far as possible in identifying their outcomes, it provides an account in which the person is recognisable to themselves/family.

» In a period of organisational transition (from needs led to outcomes focused assessment), the record provides a means of identifying where practitioners are in their understanding of outcomes, helping to pinpoint support needs.
Why does recording personal outcomes at review matter?

» Review is essential to monitor progress against the outcomes identified by the person and requires a shift from a task and time focus (output).

» Reviewing progress with outcomes helps to determine whether the plan is effective or whether change is required.

» Allows for the role of the person/family to be acknowledged, rather than being restricted to the achievements of services.

» In relevant circumstances needs to capture not just improvements, but also where maintenance or slowing the rate of deterioration is being achieved.

» Reviewing outcomes supports learning and understanding about what works for whom in what circumstances.

The following were agreed as criteria for outcomes focused recording.

**Figure 6: Core criteria for good outcomes records (Miller and Barrie 2015a)**

**Recording Outcomes: Core Criteria**

- Clear distinction between outcomes and outputs
- Outcome is personalised - gets beyond the high level
- Person / family has a role - it’s not all about services
- Uses the person’s own ‘language’ (a story the person would recognise)
- Action oriented (usually)
A second journal article from the project considers in depth one of the case studies from the project, taking a detailed look at the role of the narrative record in a carer support agency (Miller and Barrie, forthcoming). This case study included both interviews and focus groups with practitioners specifically to investigate practitioner perspectives on recording, providing an in-depth look at this topic. Although the key themes which emerged from analysis of the data were supporting identity, clarity of purpose and action for carers, the principles are broadly applicable. This section includes limited examples from that article, as well as examples from other partners. First, the carer case study focused on practitioner and manager perspectives on the role of an outcomes approach, particularly on recording the narrative from the conversations held with carers. This demonstrated an understanding that carers often start with a need to ‘be heard.’ Being encouraged to ‘tell their story’ could be important to make sense of changed life circumstances, and the disruption caused to the life story both of the person they care for and themselves. Practitioners recognised there was sometimes a need to allow space for the carer to do this, before they worked together to think what a better life might look like, or what they needed in order to maintain their own wellbeing.

There was strong emphasis in this case study on the role of recorded narrative in supporting carer, practitioner and organisational memory, as illustrated in Figure 7.

**Figure 7: The link between recording and memory**
The next example focuses on supporting memory for the carer and practitioner, and using the record to revisit the last conversation to show the carer they had been heard.

*So I need to be able to say, you know, “Last week this was a really important thing that you’d raised. We discussed this kind of way of maybe addressing the situation. How...? How’s that been?”… You can’t hold all of that in your head as a way of going... But you need it for them to feel that you have understood them and remembered… what they’d said.*

(VOCAL practitioner)

The following is an example of a practitioner talking about the struggle to achieve a balance in a service context, between recording in a concise way so that the information is manageable and retrievable amongst very large numbers of records, and ensuring that the meaning is not lost.

*And the conversation is the crucial thing. It’s about how you record it. You know, and it’s the difference between having a conversation and going and recording it, as opposed to having a record…or a way of recording, which is then imposed on the conversation.* (VOCAL practitioner)

In another example, a practitioner describes ‘three layers’ to recording, in a way that fits with aspects of the Exchange Model of Assessment (Figure 1). The three layers consist of recording the carer’s own perspective, then recording based on the exchange of views and then the agreed actions.

*So... It very much takes the basis of what the carer said. A little bit about our discussion, you know, the more two-way discussion. And then what the agreed outcomes were. Or actions to take forward. There’s kind of three layers to... to recording I would say.* (VOCAL practitioner)

For the project lead from the organisation, participation in the project had confirmed the importance of recording as a core element of good practice, and she wanted to ensure that the status of recording was elevated accordingly.

*So that it’s not seen as a bureaucratic process…but actually seen as a core part of your support to the individual.* (VOCAL manager)
Many of the issues discussed within the case study were reflected in other sites. In the following example, a project lead who had set out to identify whether the outcomes conversations were happening was now convinced that they were. However, recording remained an issue.

And I think the learning, for me, has been the conversations are definitely happening. People understand what outcomes are all about... The bit that is more challenging is... is the actual recording of information – both in the paper files and on the database. (Practice partner 3, Data Retreat 4)

In the case study above, practitioners had discussed the value of recording the carer’s words, to support rapport building. The inclusion of examples of what people had actually said was highlighted as valuable by an information officer in one of the other sites. She noted that although it might not be considered good practice to take notes during a conversation, the sense of the conversation that had taken place could be lost as a result.

We’re aware of, in terms of the way things have been written, was that it doesn’t really give you a sense of the conversation that the person has had, because... As with you, it’s good practice not to sit and type and write... And that can actually vary considerably because in some cases, still, we get quotes – direct quotes – of what the person has said. (Information officer)

Several leads from statutory agencies discussed the fact that they found more detailed outcomes information in the case notes than in formal documents. While expected that case notes would be lengthier, given their ongoing nature, there appeared to be other reasons for outcomes being recorded in case notes. A lead from a local authority site identified that she “had clues from practitioners to go and look elsewhere [than the formal records],” as she explained:

We were wanting to make sense of the practice of recording outcomes in assessment. What we quickly learnt, and were given quite quick clues to do, is actually don’t just look at the assessments – you need to get the case notes.

This information officer had her own views about influences on the record in the statutory context. Although she viewed the case notes as allowing more freedom to record because they are ‘not prescriptive,’ there was also a concern to record detail there, because ‘you might end up in court.’ Regarding formal assessment documentation, she identified another influence that might move recording away from outcomes and on to justification for a service by amplifying deficits:

And assessment might well be a bid for a service, so it frames in a particular way. And similarly, another piece of documentation was a request for a service. Again, it’s really possibly playing up on the person’s needs. And not necessarily at all about the outcomes.
As with supporting conversational practice, a shared understanding developed as the project progressed, that recording practice required support in its own right. In another statutory site, there was a view that practitioner confidence needed support through means other than training. In this case, the emphasis was on engaging frontline managers in supporting recording practice.

*I’ve said this before to people – we made a mistake in the early days when we were implementing Talking Points, and we missed out the first line managers. We got high level buy in, and we invested a lot of time challenging support at the front line. And we missed out the first line managers, and we had to rectify that quite quickly. And we’re there now where people will push back an assessment or a review that they regard as not fully outcomes-focused. (Practice Partner 2, Data Retreat 1)*

It has been previously identified that practitioners are responding to a range of pressures when recording. As illustrated in Figure 8, these include value demands such as being person centred; functional demands such as writing for other professionals; and accountability demands such as performance management (O’Rourke 2010). Some demands are specific to particular sectors. For example, practitioners working in the statutory sector may face particular legal requirements. Social workers are also likely to be influenced by eligibility criteria. Such constraints might be factors which explain contrasting feedback from the two leads from the voluntary sites, who identified that they found more qualitative outcomes information in formal records than in case notes, while the opposite was the case in the statutory services as a whole. However, all practitioners are likely to be influenced to some extent by the current climate of economic constraint, as was evident in the audit of records overall. In the voluntary sector case study site discussed here, audit showed that although practitioners acknowledged carer strengths and capabilities in their conversations, this did not translate into the records as expected. There was some evidence that this was due to practitioner concerns to ‘make the case’ to access support for the carer, and the inclusion of strengths did not fit with this advocacy role. Despite these various demands of the record, partners did produce examples of recording, which showed progress in recording outcomes, as demonstrated in the recording guide.

While the focus so far has been on conversation and narrative recording, attention now turns to measurement of outcomes and its place in the approach.
Using outcomes measures: with caveats and not in isolation

In summary

» Although the topic of measurement was raised less frequently in discussion than the importance of conversations and narrative recording, it was the greatest source of debate in the project.

» Some of the measurement conundrums had been discussed before the project started, including the need to shift from attribution to contribution when considering outcomes and the risks of over investing in the development of a one size fits all tool. The project enabled more in depth discussion of these dilemmas, bringing new insights to bear.

» A new area of exploration was differences in how outcomes were conceptualised and operationalised across partners, and a common view was that different approaches to measurement should be tailored to different populations or conditions.

» There was discussion around the validity of the data generated by all of the approaches. Mismatches between quantitative and qualitative recording reinforced the importance of viewing percentage outcomes in the context of other data. A key concern was that percentage outcomes scores can give an artificial sense of accuracy and mask important differences.

» Partner concerns about mapping of outcomes (onto a framework of outcomes) were prompted by a concern to ensure that mapping did not misrepresent the conversations held. There was agreement that aggregated outcomes, whether recorded initially as personal outcomes within or subsequently mapped to pre-defined categories, can be grouped into a relatively small number of reasonably universal goals.

» There was consensus that each current approach should be used with caveats and not in isolation [from other sources of information, including qualitative data].

» Overall, there was agreement that measurement should be viewed as an adjunct to meaning rather than a driver shaping interactions.
In this section, we consider some of the key measurement challenges that arose in the project. Interestingly, although five of the eight partners had included a scale measure in their outcomes approach, and two sessions were planned within retreats to focus on measures specifically, there was comparatively limited discussion, and therefore qualitative data, on this topic. Discussion tended to return to conversation and recording, partly because Edinburgh, Bridgend and Stirling had not yet embedded scale measures, but also due to overall recognition, following audit of the records, that conversation and recording still required significant attention. However, interesting themes did arise in discussions around measures, and further work was undertaken by two of the academic mentors to explore resources to respond to the questions raised. This section will briefly cover topics explored in greater detail in the measurement guide (Barrie and Miller 2015b).

**From attribution to contribution**

The problem of attribution is a well-established wicked issue in relation to measuring outcomes (Mayne 1999). The extent to which outcomes can definitively be attributed to a particular programme or activity will always be limited. While this means that cause and effect cannot be definitively ‘proven’, a key challenge is to maximise data quality, while recognising their limits, in order to facilitate data use. The project was framed with this understanding, as the shift from attribution to contribution had been collectively agreed at the data retreat held in 2012, which resulted in the funding bid for this project.

Nonetheless, questions of attribution and contribution did arise as discussed briefly here. A concern highlighted by some project partners relates to the fact that reported changes in personal outcomes can appear to be the consequence of altered perceptions rather than to specific service inputs or supports. This is known as ‘response shift’, whereby changes reported may be due to natural adaptation, resulting in recalibration of internal ratings, the relative importance of different outcome types, or even what constitutes a good quality of life (Schwartz and Rapkin 2004). While there was some debate on this topic, the general consensus reinforced the importance of the concept of contribution in attempting to understand outcomes. Part of the challenge involves finding credible means of demonstrating contribution towards results, in unpredictable human service contexts. While scale measures might give an indication of patterns and changes in outcomes, they need to be considered ‘with caveats, and not in isolation’ as one of the project leads identified at the third data retreat.
An agnostic approach to tools

A concern raised by some project leads was an expectation from their organisations that the definitive tool for measuring outcomes could be identified by the project, as with the following lead from a statutory agency.

*And I think the expectation of, not us, but maybe for other people in our organisations, is that we were going to actually come out with a concrete proposal that says that we should all be adopting, you know, like an outcomes star. (Practice partner 4)*

As will be discussed below, a variety of tools and approaches had been adopted before the project started. Two agencies had invested considerable efforts in wellbeing measurement tools, and several had involved practitioners and people using their service in tool development. The pressure to develop one tool tended to come from statutory sector partners to respond to requests for statistical returns from the Scottish Government. However, as the project continued, there was a growing sense that a ‘one size fits all’ approach was not feasible.

One project lead described the views of practitioners he had interviewed:

*...it was almost as if care officers that we spoken to had an agnostic view about this issue. They didn't feel any strong commitment towards one tool. They could see the strengths and weaknesses of all tools.... You know, it's actually having that maturity and maybe... it's a case of it's actually having that maturity of understanding that there's no one... one solution. It's actually thinking about the appropriate tools for... each client.*

While it became clear that the project was not going to identify one measurement tool, there was still a sense that it should be possible to generate data which could be used to improve understanding of each local situation. In addition to the need to think more loosely about contribution rather than fixed attribution, and the need for an agnostic approach to tools, a range of other complexities required to be explored, to investigate how and to what extent improved understanding illustrated in Figure 4 could be achieved.
Conceptualisation and operationalisation of measures

While the diversity of outcomes approaches within the project meant that direct comparisons of data were not possible, the distinctions opened up new areas of inquiry about how different approaches were conceptualised and operationalised. It is not possible to discuss all of the issues raised here. One topic discussed in detail in the guide to measuring outcomes is the distinction between measurement of wellbeing, which influenced two partners, and measurement of personal outcomes, which was already in place in three case study sites. The two sites that had developed measurement wellbeing tools, Penumbra and Angus, envisaged these tools as part of wider toolkits, which incorporated support planning and other components. The other three project partners who had incorporated measurement into their approach, ‘measure’ outcomes important to people by gathering responses to open ended questions about what matters, embedded in assessment and planning processes, later reviewed using ‘improvement’ or ‘attainment’ (ordinal) scales. These scales can be more easily embedded within the flow of conversations, but present fewer statistical possibilities than the wellbeing measures. These partners classify the user-defined outcomes into pre-defined outcomes categories, again based on collective views and wider literature, set out within an overarching outcomes framework. Two partners, East Renfrewshire and Moray were collating percentages of ‘met’ or ‘unmet’ outcomes within each outcome category, for reporting purposes. VOCAL used a simple 4-point improvement scale, again embedded in conversations, supported by a tool with space for narrative.

While the above comment about an agnostic approach to tools reflected a view that different approaches to measurement should be tailored to different populations or conditions, there was also discussion around the validity of the data generated by all of the approaches. A key concern in early discussions was that percentage outcomes scores can give an artificial sense of accuracy and mask important differences. Comparison of the narrative records against individual scale ratings was illuminating. In particular, recorded scale ratings differed between cases where supporting qualitative accounts seem very similar. Conversely, identical ratings were associated with seemingly very different accounts of progress towards outcomes. There were also examples where the scale rating seemed at odds with corresponding narrative recording, for example a carer reporting a high score for an outcome being ‘met’ when he received a piece of telecare equipment, while the case notes identified that he still did not feel confident to go out and leave his mother in the house alone. Again, this mismatch reinforces the importance of viewing percentage outcomes in the context of other data. There was also uncertainty at times about whether the practitioner or the person was making a judgement about whether the outcome was met or not.
Challenges of mapping and categorising outcomes

Partner concerns regarding mapping of outcomes (onto a framework of outcomes) were prompted by a concern to ensure that mapping did not misrepresent the conversations held with people. Considerations centred on who should complete the mapping process and when, with practitioners keen to avoid premature categorisation of outcomes. This concern was accompanied by recognition that what matters to the person can impact upon multiple outcomes categories. While some partners found this problematic, others viewed it positively. Partner discussions highlighted distinctions between ‘fixing personal outcomes within a pre-defined category’, ‘mapping personal outcomes to a specific pre-defined category retrospectively’ and ‘locating personal outcomes within pre-defined categories through dialogue and negotiation’.

Strengths and limitations of different approaches were discussed. The more ‘top down’ use of pre-defined but locally owned and valued categories to develop standardised indicators afforded greater reliability, as understood within the quantitative research tradition, generating greater confidence on the part of organisational decision makers who value consistency when making comparisons. However, this comes at the potential expense of privileging the person’s voice in determining personal outcomes and creates a separation between outcomes measurement and outcomes focused support planning.

The more bottom-up approaches which conceptualised measurement as a by-product of the conversation, were viewed as prioritising the individual voice more, but with limitations to comparability. What can be said is that aggregated outcomes, whether recorded initially as personal outcomes within or subsequently mapped to pre-defined categories, can be grouped into a relatively small number of reasonably universal goals, upon which there is a good deal of agreement. While the language used might vary between frameworks, common themes included seeing people and feeling safe for example, and were compatible with the Talking Points framework (Cook and Miller 2012).
The findings from the measuring outcomes guide highlight the impact of related issues resulting from an overarching pressure to measure, which can be summarised as follows.

» The extent to which it is feasible to ‘measure’ is contested and subject to varying conceptualisations of personal outcomes.

» Current measurement approaches can be located on a continuum based upon different approaches to the categorisation of personal outcomes, notably the point at and means by which this happens.

» There is no perfect scale measure: what is important is that the choice of measurement scale fits with the conceptualisation of personal outcomes, with practice, and is acceptable to people using the service:
  » numeric scales and importance/improvement scales have both been used to good effect in different contexts
  » there was a growing sense that the ‘met/partially met/unmet’ scale is problematic for conceptual, ethical and practical reasons, as discussed in detail in the guide, and
  » a simple improvement scale appears to be less problematic, and can fit easily with a conversational approach.

» It is possible to develop a valid and reliable measure of wellbeing as understood within a specific context.

» Each current approach should be used with caveats and not in isolation [from other sources of information, including qualitative data].

With regard to the latter point, there were examples from audits by practice partners which showed discrepancies between scale measurement data and what was recorded in narrative form, both at the individual and aggregated data levels. While examples are included in the section above on conceptualisation and operationalisation of measures, there were a range of other examples (Barrie and Miller, forthcoming).

Although not covered in this section, it is worth mentioning that distinctions between ‘measurement for judgement’ (proving) and ‘measurement for improvement’ (improving) have been examined previously in relation to an outcomes approach (Miller 2012). These distinctions call attention to the importance of clarifying ‘purpose’ in relation to both measurement and recording, and will be revisited in the section on use of data. Overall, there was agreement that measurement should be viewed as an adjunct to meaning rather than a driver shaping interactions. There was some discussion around using the quantitative data generated through use of scale measures as a tin opener to point to further areas of enquiry. One of the key sources identified for sense checking this quantitative data was the narrative data recorded within service records, which is the focus for the next section.
In summary

» Knowledge about robust approaches to analysis of qualitative data in service settings is limited.
» Many people hear qualitative data and think about including a story.
» Between story and statistics – there is a middle ground.
» Assumptions about sampling are based on quantitative methods and if put into practice, would be unmanageable.
» Information/performance managers who engaged with qualitative data for the first time reported profound effects on understanding.

We have already drawn attention to a range of ways in which the limitations of quantitative outcomes data alone emerged during the project. There had been an expectation in this project that both quantitative and qualitative data would be used. However, during earlier discussions at data retreats and knowledge exchange events, it had become clear that many people were hearing the words ‘qualitative data’ and thinking about the use of individual stories as illustrative examples to complement statistical data. For many who did not have experience of qualitative analysis, there was limited understanding of a middle ground between story and statistics. It was acknowledged that an individual story can be useful to prompt discussion and to think about a given issue from a different perspective. When used in this way, stories not only offer powerful examples of what makes for good and difficult encounters in the context of services, but can also encourage a more holistic and integrative understanding of what matters to the teller in the wider context of their life. However, there can also be misuse of individual stories. Story has long been used as a tool of influence and persuasion, including in the realm of policy formation and implementation.
Further, there is a need to ask whose voices are not being heard, and to attend to a range of different ‘stories’ to build a more complete picture of the diversity and complexity that characterise human services. To achieve this understanding, we need a discipline that can engage with and interpret complexity in a meaningful, valid and, above all, useful way. This is the purpose and unique contribution of qualitative data analysis. It provides the middle ground between individual stories and statistics. It was acknowledged that while statistics signal trends, prevalence and distribution, analysis of qualitative data was necessary to understand and learn about different contributions towards outcomes, about what works when and why, and about inter-relationships between outcomes and the complexity of people’s lives.

Because some partners were unaware of the rigorous approaches required to undertake effective qualitative analysis, two different sorts of issues arose:

- quantitative data sampling assumptions and criteria are carried forward, resulting in the inappropriate use of large, ‘random’ samples, and
- uncertainty about the conditions under which qualitative findings might be applied more broadly results in myths about ‘how many’ cases are needed, and a lack of attention to selection criteria.

A collection of briefings about qualitative analysis was produced during the project to respond to some of the misconceptions about qualitative data. These briefings draw on a comprehensive guide available online (Ritchie and Lewis 2003) and go into much more detail about the two different sorts of issues identified above, and are illustrated with examples from the Meaningful and Measurable project (Barrie and Miller 2015a).

Generally, qualitative analysis requires detailed consideration of multiple stories within a given context in order to tell a new story (Figure 9). This entails sifting and interpretation of data. It fundamentally involves asking why things are as they are and moving from simple descriptions to understanding. For instance, in the Meaningful and Measurable project, several partners carried out interviews and/or focus groups with practitioners as part of their action research initiatives.
Analysis of the transcripts involved considering different viewpoints and bringing them together to generate new understandings of the ways in which various influences impact on recording. One key theme to emerge was the importance of recording in relation to memory, which unfolded in three ways:

- making notes to aid practitioner memory in the process of assessment (that’s important, I’ll note that as we need to come back to that point before I leave)
- prompt and accurate recording to ensure that the person’s priorities and words were recorded, to support relationship building by establishing flow between encounters (hearing their words reflected back makes people feel listened to and encourages reflection), and
- supporting ‘organisational memory’ by informing other practitioners (my colleagues need to know that this person does not feel safe at night).

This understanding, along with other important benefits of recording, in turn contributed to recognition of the need to elevate the status of recording. Rather than recording being viewed as a transactional activity conducted solely for bureaucratic or accountability reasons, it should be viewed as relational practice integral to an outcomes approach. This finding about recording was similar in some ways to findings about the experience of qualitative analysis for information managers. Specifically, those who engaged with qualitative data for the first time reported heightened awareness of the complexity of people’s lives, the difficulties practitioners face in addressing this complexity, and the limitations of simplistic notions of causality when contemplating social issues. There were many parallels therefore between outcomes focused practice and qualitative analysis, particularly with regard to improved understanding of complex situations.

For more information on how to undertake qualitative analysis, with emphasis on personal outcomes data and research (see Miller and Daly 2012). For more information on the strengths and limitations of various qualitative data analysis approaches that could be applied in the context of outcomes focused working, (see Barrie and Miller 2015a). These approaches include those supporting identification of summary patterns, together with structured and more open forms of thematic analysis. This also calls attention to the importance of thinking carefully about whose voices are included and with what purpose, and the conditions under which findings can be applied more broadly. It is intended to complement existing ‘how to’ guides by highlighting specific issues with working with personal outcomes data.

Before going on to consider how information about personal outcomes was used in the project, we first turn to findings about predominant approaches to performance management, and the relationship to personal outcomes data. This was a theme which emerged repeatedly throughout the project.
Concerns about predominant approaches to performance management

In summary

» Predominant approaches to performance management emerged as a key concern in the first data retreat and knowledge exchange event, and formed the basis for 10 follow-up interviews with practice partners by academic mentors.

» Amongst a range of barriers and threats to effective data use, concerns about performance management were most frequently identified.

» These concerns centred on top-down, statistically driven approaches which were seen as reductive and generating negative emotions amongst practitioners.

» At one knowledge exchange event, the use of effective personal outcomes data was described by participants as meaningful, understandable, promoting understanding and linked to qualitative data.

» Qualitative data and analysis were identified as important, although acknowledged as difficult to do.

During the January 2014 data retreat, performance management emerged as a key concern for several practice partners, and identified as a barrier to embedding outcomes. This concern was to emerge again at the first knowledge exchange event a month later, which included 40 participants from across Scotland. These two events also included several colleagues from Wales. Participants represented a variety of local authority, NHS and third sector organisations, including people using services, support workers and other practitioners and managers in operational and information roles. Following these events, 10 brief interviews were undertaken with individuals directly involved in Meaningful and Measurable, representing seven practice partners. This section is informed by discussion at the first knowledge exchange event, and the telephone interviews.
During the knowledge exchange event, following a presentation from one of the practice partners, discussion took place in four groups. The data in tables 5 and 6 are based on comments on post-it notes, which were issued to all participants.

Table 5: What does effective data use within a personal outcomes approach look like?

<table>
<thead>
<tr>
<th>Rich and qualitative</th>
<th>People using services</th>
<th>Practitioners</th>
<th>Managers</th>
<th>Commissioners and performance management</th>
<th>Different agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid and reliable</td>
<td>People using services</td>
<td>Practitioners</td>
<td>Managers</td>
<td>Commissioners and performance management</td>
<td>Different agencies</td>
</tr>
<tr>
<td>Reflects analytical practice</td>
<td>People using services</td>
<td>Practitioners</td>
<td>Managers</td>
<td>Commissioners and performance management</td>
<td>Different agencies</td>
</tr>
<tr>
<td>Responsive</td>
<td>People using services</td>
<td>Practitioners</td>
<td>Managers</td>
<td>Commissioners and performance management</td>
<td>Different agencies</td>
</tr>
<tr>
<td>Tracks/measures progress/change</td>
<td>People using services</td>
<td>Practitioners</td>
<td>Managers</td>
<td>Commissioners and performance management</td>
<td>Different agencies</td>
</tr>
</tbody>
</table>

In Table 5, data can be grouped into: responses describing properties of data, such as rich and qualitative; and responses which describe what effective use of data should achieve, such as tracking progress and being responsive. A third set of responses define what effective use of outcomes data should look like from the perspective of different players, including that it should be meaningful and understandable. The concept of understanding is taken further in that effective data use should promote understanding between the various players, as well as being understandable to each group. Ownership by people using services and practitioners was emphasised.
Table 6: What are the barriers and threats to effective use of data within a personal outcomes approach?

<table>
<thead>
<tr>
<th>Lack of time/support for practitioners</th>
<th>Lack of understanding between practitioners and information people</th>
<th>Challenge of qualitative analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non engagement/resistance from:</strong></td>
<td>People using services</td>
<td>Practitioners</td>
</tr>
<tr>
<td>Austerity and job insecurity</td>
<td>Health and safety culture/risk aversion</td>
<td>Scrutiny bodies</td>
</tr>
<tr>
<td>Other agendas including:</td>
<td>Top-down approach</td>
<td>Quantitative, reductive and led by easily measurable</td>
</tr>
<tr>
<td>Predominant performance culture including:</td>
<td>Simple approach</td>
<td>Top-down approach</td>
</tr>
</tbody>
</table>

A consistent theme under barriers to effective use of outcomes data was the need to allow time and provide support for practitioners to communicate with people using services. Two further barriers related to the role of information officers, with emphasis on the need to support communication between them and practitioners, and the challenge of undertaking qualitative analysis. These themes have been discussed in previous sections of this report. While other agendas were identified, 20 of 52 responses reflected concerns about performance management, in effect the most common theme. In contrast to the need for understanding identified in Table 6, fear associated with targets and the predominant culture of performance management was highlighted. For one group at the knowledge exchange event, top-down approaches were the key barrier.

…in terms of barriers, performance management came up as a big issue. I’m sure it will have done across the tables. And particularly notions of top-down. So it’s not about understanding performance. We all want to understand performance. We all want to be able to evidence what we’re doing for individuals. But it’s trying to fit that into very top-down systems is what is causing a lot of difficulty. (Group one, knowledge exchange)
The emphasis on quantitative data was a key theme, in interviews and at the knowledge exchange event. It should be noted that most people were not arguing against quantitative data per se, rather that there is too much reliance on numbers alone.

So in terms of performance management it was about numbers. Number of people, delayed discharge. Numbers of people receiving... you know... receiving respite. Number of people in terms of multiple admissions. I think the new world...I think it's about... You know, people feeling safe. It's about dignity. It's about opportunities for social interaction. So the numbers are still relevant, but it's actually a different... It's a different paradigm of understanding the world around us. (Practice Partner 7)

The reductive tendencies of performance management were also highlighted.

What you need to do, I think, for performance management, is to take a reductionist approach. And that seems to run contrary to taking a qualitative analytical approach. (Practice Partner 6)

The tendency to select the “easy to measure” was raised.

For the performance management anyway, it’s not very outcomes-focused at the moment. There has been a, sort of, tendency to go with things that are easily collectable. So you do have the, sort of, like... the waiting time, the number of people getting long-term care and the standard, sort of, balance of care figures... (Practice Partner 6)

There was a concern to engage practitioners more effectively in performance dialogues. The word ‘fear’ was raised in the knowledge exchange event and the concepts of alienation and suspicion were raised in interviews in discussing the impact on practitioners of current performance regimes. One statutory partner was concerned that the weight of performance information that they were required to report would be a barrier to improving practice within this project.

What I would really like to do if there was time, which I can see slipping away in this project, would be to share examples I have identified in the records, of really good recording and also examples where there is a mismatch between the tick box and the notes. Ideally if we could take this to its conclusion we would build on the best practice, and show social workers that they are doing a good job and how they can evidence that, because they are so used to being shot down. That would take us back to our aim of influencing practice. Ideally though there would be more time carved out for the project because I can see it getting swamped by the returns we have to do for the Scottish Government. (Practice Partner 2)
Use of outcomes information

In summary

» Concerns about the onerous demands of predominant approaches to performance management, and their distorting effects, were raised both by practice partners and the wider group of stakeholders, and influenced the direction of the project at an early stage.

» Further concerns were raised by audit of recorded outcomes across practice partners and resulted in an early shift in the priorities identified with regard to their use of information.

» The main areas of focus became practice improvement and service development, which meant creating a feedback loop for use of information within the organisation, rather than solely reporting information outwards for performance purposes.

» While the original intentions were not all addressed as expected, there was rich learning about the possibilities of using personal outcomes data.

» Through collaborative methods, organisations developed distinctive yet consistent approaches, which led to immediate improvements, while also providing data of an improved quality for reporting externally, without eclipsing the good conversations.

Despite the range of emerging challenges identified by the practice partners and the need to channel efforts accordingly, there were also examples of personal outcomes information being used in various ways within and across their organisations. From the outset, there were three key areas identified for developing the use of collated personal outcomes information:

» practice and service development
» service planning and commissioning, and
» using more personalised methods to measure outcomes to gauge performance.

An earlier output of the project engages directly with the first and second aims, while touching on the third (Miller and Barrie 2015b). That paper demonstrated how the views of people using services can be applied to decision-making, whilst including practitioner perspectives. It considers how project information fed into wider learning, and use of information at the collective level. Here we focus on partners’ uses of information in their organisations. Table 7 from that paper, was produced in consultation with the eight practice partners.
**Table 7: Project partner uses of information**

<table>
<thead>
<tr>
<th>Partner</th>
<th>Uses of information</th>
<th>Type of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angus</td>
<td>Following discussion with colleagues, further development to support linking of wellbeing scores to personal outcomes plans is being built into training.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Tool amended to include practitioner analysis to paint a more complete picture.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Inconsistencies across teams demonstrated a clear need for multi-agency training and support, under discussion by GIRFEC evaluation group.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td>Bridgend</td>
<td>Revised assessment, planning and review framework to shift recording away from deficits and outputs.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Identification of an integrated multi-disciplinary community network team to test out new approaches and ways of recording outcomes for people they work with.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Use of written and digital stories to support shared understanding of personal outcomes.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Commissioned an integrated IT system to support integrated recording by different professionals.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>A more appreciative and collaborative approach to workforce development.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Following the project, work underway to develop a new supervision policy across the service, linking to a revised appraisal and quality assessment approach.</td>
<td>Practice/service development and Performance management</td>
</tr>
<tr>
<td></td>
<td>Linking in the findings of the Meaningful and Measurable project to the National Outcomes work resulted in a shift to focus on meaningful conversations at the frontline rather than top-down imposed ‘tick boxes’.</td>
<td>Practice development &amp; Performance management</td>
</tr>
<tr>
<td>Partner</td>
<td>Uses of information</td>
<td>Type of use</td>
</tr>
<tr>
<td>--------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>The intention of this is to work with practitioners to share the learning from this analysis and will focus on developing shared purpose and approach to the recording, categorisation and use of outcomes, to support practice and service planning. Develop recommendations for organisational learning in relation to practice, management and reporting purposes.</td>
<td>Practice/service development (future)</td>
</tr>
<tr>
<td>East Renfrewshire</td>
<td>Case file audit data and overall project findings on recording linked back to service improvement work around improving recording practice via a specific post with continuing remit for embedding outcomes. Launching support planning tool based on outcomes focused conversation – based on pick list of Talking Points themes with free text to give more detail. This is currently being developed further at the initial conversation stage - to strengthen links between conversation, outcomes and plan.</td>
<td>Practice/service development (future) and Performance Management (future)</td>
</tr>
<tr>
<td>Moray</td>
<td>Follow up meetings arranged with Penumbra and VOCAL to help develop recording practice. In the context of integration, the report will contribute to a more bottom-up approach to engaging with qualitative personal outcomes data with frontline members of staff. All of the project reports have been reviewed by the Community Care Performance Management Group, and were used to frame a discussion about local outcomes data trends. Consideration is being given to how personal outcomes data can support a SDS micro commissioning approach.</td>
<td>Practice/service development (future)</td>
</tr>
<tr>
<td>Partner</td>
<td>Uses of information</td>
<td>Type of use</td>
</tr>
<tr>
<td>---------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>Penumbra</td>
<td>Have now included recording within our I.ROC and Planning4Hope training days.</td>
<td>Practice/service</td>
</tr>
<tr>
<td></td>
<td>We are using information from this project to help design new technology-based tools to help the recording process, for example an I.ROC app and the use of tablets by staff. This is to help issues of time for good quality recording, and reduce duplication of efforts.</td>
<td>Practice/service</td>
</tr>
<tr>
<td></td>
<td>Improved understanding of challenges with recording practice are informing changes in the guidance, materials and training for good personal outcomes recording.</td>
<td>Practice/service</td>
</tr>
<tr>
<td></td>
<td>Inclusion of far more detailed questions regarding I.ROC use and recording of outcomes in internal audit structure.</td>
<td>Performance management</td>
</tr>
<tr>
<td></td>
<td>Greater clarity about the need for qualitative and contextual data to make sense of scores has strengthened resolve to avoid use of quantitative data alone to inform commissioning.</td>
<td>Commissioning</td>
</tr>
<tr>
<td>Stirling</td>
<td>Clearer recording of progress against reablement goals supportive of better decision-making about support required to enable people to live independently.</td>
<td>Practice/service</td>
</tr>
<tr>
<td></td>
<td>Clearer understanding of what good recording looks like in the context of reablement established through audit, engagement with team and through MM participation.</td>
<td>Practice/service</td>
</tr>
<tr>
<td></td>
<td>Understanding of good recording criteria built into internal audit processes.</td>
<td>Performance management</td>
</tr>
<tr>
<td></td>
<td>Different measures considered by reablement staff who agreed to testing them.</td>
<td>Performance management</td>
</tr>
<tr>
<td></td>
<td>Following the project, Stirling linked in to a Benchmarking Network pilot to develop measures for reablement.</td>
<td>Performance management</td>
</tr>
<tr>
<td>Partner</td>
<td>Uses of information</td>
<td>Type of use</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>VOCAL</td>
<td>Developing understanding of the skills involved by supporting discussion and debate within and between teams on good recording practice, including using the project report to promote team discussion.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Support staff/volunteers skill development via training, supervision and team meetings.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Elevating the status of recording within the organisation so that it is seen as a crucial part of the support we offer to the carer.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Supporting staff to see recording as an opportunity for reflection on what the carer has said and what they have understood from this, informing both the action taken and the next conversation with the carer.</td>
<td>Practice/service development</td>
</tr>
<tr>
<td></td>
<td>Using information recorded by staff and volunteers to inform service development (improving) and performance management (proving) to inform recording practice.</td>
<td>Performance management</td>
</tr>
</tbody>
</table>

Before discussing each area of information use; practice/service development, commissioning and performance management, it is important to emphasise three points.

» There is considerable interplay between the three areas, for example use of information for commissioning/service planning depends on practitioner interest in and recognition of the ‘contribution’ of different influences on outcomes, including the contribution of the person, family, social supports and community resources alongside service inputs, and the recording of this. What is recorded by practitioners is in turn shaped by prevailing performance regimes.

» The primary aim of gathering outcomes information is to engage with, understand and identify the person's priorities, and those of their family as appropriate, and to track progress. By using information at the individual planning level, the organisation already ensures that improvements are driven by the priorities of its users. That is why it has been a long-standing concern to ensure that the predominant emphasis on, and drive to measure outcomes do not undermine the quality of interaction (Cook and Miller 2012).

» Many of the practice and service developments identified here directly impact on individual planning and it is important that these uses of information are recognised as fundamental, and a prerequisite to sustainable culture change, rather than deemed secondary to developments in the use of outcomes information effected at service, organisational or wider levels.

Discussion will now turn to examples of information use.
Practice and service development

As shown in Table 7 practice and service development represented the main area of collated outcomes information use by the practice partners, and the key related areas discussed in this section are conversations and recording, improved understanding about measurement and linked use of qualitative data.

Conversations and recording

Most partners undertook both interviews/focus groups with practitioners and a review of their records in carrying out their local action research projects. There was debate at data retreats about the extent to which good quality of recording reflects the quality of conversation underpinning the record. While views on this varied, there was agreement that recording which meets core criteria was a reasonable indicator of good underlying practice, but that other information was required to obtain a full picture. Direct engagement with practitioners was viewed as critical to avoid mistaken assumptions about the records.

Early engagement with practitioners was essential, highlighting assumptions that would have been made by looking at the data alone. (Angus report P11)

As both Penumbra and Angus wanted to explore the extent to which outcomes focused conversations were taking place, as well as the extent to which the conversations were being recorded, they conducted a joint study. This work also highlighted that, in some settings and for some people, the use of structured tools with a strong visual component, can aid conversations, both by helping to identify priorities in the context of complex lives, and by supporting people to look at the broader picture rather than getting bogged down in the latest issue. The focus on practitioner engagement within the project also served to support shared learning through dialogue. This commitment in the longer term to collaborative, relational and responsive learning is integral to understandings of practice development associated with transformational change (Patterson et al 2011).

As identified already, there was strong consensus around the benefits of promoting good conversations within the organisation as a whole as a means of encouraging good conversations between practitioners and people using services. Engaging with different teams was highlighted as helpful in developing shared learning and consistency. Engaging with teams also clarified how outcomes might be identified in different settings.

Direct engagement with reablement staff was valuable in providing opportunities to exchange ideas about the limits and possibilities of personal outcomes in a reablement context. (Stirling report p10)
As discussed in the section on recording, audit of records was the most consistent approach to accessing outcomes information, undertaken by all practice partners at an early stage. The main focus here is review of narrative recording about outcomes, which proved to be a wake-up call in many cases.

Audit of existing recording – provided clear evidence of practice and systemic issues, and provided a realistic baseline for improvement work, and dismissed ‘wishful thinking’. (Bridgend report p10)

With regard to practice and service developments implemented by partners in response to the review of records, as identified in Table 7 these include IT adaptations, tool developments, and staff support and development initiatives. However, the shared experience of conducting the review also resulted in converged efforts to find a common approach to recording. Progress made on defining what good recording looks like, and the development of methods to support this, represent an area of significant collective practice and service improvement (Miller and Barrie 2015a, 2015b). While audits/reviews of the records proved valuable, caution was urged by partners about relying on the records alone, with the feedback loop with practitioners emphasised by many.

Improved understanding about measurement

As identified in the section above on measures, five of the eight practice partners included scale measures in their outcomes approaches before the project started. On the whole, less effort was invested in trying to improve scale measure data quality than to understanding its limits and possibilities. For example, one of the two organisations which had developed a wellbeing measure, Penumbra, used information from practitioner focus groups to highlight concerns about the isolated use of scores by external organisations, because of a mistaken assumption that increases in scores necessarily reflect improved outcomes, or the converse of this. This contributed to a shared view of the need to consider narrative data alongside the measures to sense check the statistics (Barrie and Miller 2015b). Another area of learning involved an increased understanding of differences between measurement of wellbeing and measurement of personal outcomes and how the conceptual differences play into the complexities of both scale measures and categorisation, and in turn how this impacts on the conversation.
Increased capacity in the use of qualitative data came to be viewed as a marker of progress by some of the partners. One example of analytical use of narrative records about outcomes was provided by VOCAL, where analysis of both quantitative and qualitative data is supporting decision-making about where to concentrate resources. VOCAL has found that information captured at review can build a picture of what carers identify as improving their health and wellbeing, which, confirming the importance of good conversations, includes the opportunity and support to reflect on their caring role and its impact, as well as getting breaks and counselling.

Performance management

Several partners used their experience of reviewing their records, their engagement with staff, and the shared learning from data retreats to inform continuing quality monitoring processes. For instance:

» Penumbra identified that they included detailed questions about their tool use and recording of outcomes in their internal audit structure.

» Stirling had built understanding of good recording criteria into their internal audit processes, and

» in Bridgend, work continued after the project, as identified in Table 7 “to develop a new supervision policy across the service, linking to a revised appraisal and quality assessment approach.”

Internal quality and performance monitoring was being linked in various ways to staff development, training opportunities and supervision. Less attention was paid to external performance reporting requirements, although initially identified as aims by four practice partners. Stirling had identified an objective of engaging reablement practitioners in defining indicators related to personal outcomes and this progressed by the end of the project, with the measures still to be tested. Bridgend had a direct link to the testing of the Welsh national outcomes framework and, as identified in Table 7, reported that project findings significantly influenced the pilots.
Service planning and commissioning

As with most other uses of data described above, qualitative and contextual information is necessary to make sense of outcomes scores with regard to planning and commissioning, as the scores alone can be subject to misinterpretation. While quantitative data might give a broad indication of which outcomes are being improved and which are relatively static for example, they cannot identify contributory factors towards these patterns, or explain that in some circumstances reduced scores might not be indicative of a problem. Penumbra has used insights from quantitative and qualitative data to make the case for more support for the development of self-esteem within self-harm services and for greater use of peer support across all service areas. VOCAL also report that they increasingly mine their data to contribute to service planning both within and beyond the organisation, providing the following example.

*Having noticed an increase in the number of carers raising issues around supporting someone with addictions, the data held was analysed to put forward a case for further resource.* (VOCAL report p10)

Interestingly, both organisations had self-initiated the introduction of personal outcomes data into their reports to commissioners and also funding applications, and both had found this was increasingly being asked for by commissioners, evidencing a bottom-up approach.
Conclusion

What is described here is significant culture change, which is known to require sustained focus. The main focus of this project was the backstage work going on in organisations, and how this can hinder or support a focus on what matters to people, in generating information for decision-making. While perspectives of people using services and carers were included, direct public participation needs to be strengthened in the next stages of this work. As personal outcomes are increasingly recognised for the contribution they can make to strengthening links between identity, action and decision-making across agencies, supporting more enabling and relationship based practice, it is critical that collaboration continues between research, policy and practice to sustain and improve on the gains made, and the hope is that this resource can help to inform the next steps.
<table>
<thead>
<tr>
<th>Reference</th>
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<tbody>
<tr>
<td>Barrie, K. and Miller, E. (2015a) Supporting Use of Qualitative Data in Service Settings: Collected Briefings from the Meaningful and Measurable Project</td>
</tr>
<tr>
<td><a href="https://meaningfulandmeasurable.files.wordpress.com/2015/04/mm_projectreport_supportingqualitativedatase.pdf">https://meaningfulandmeasurable.files.wordpress.com/2015/04/mm_projectreport_supportingqualitativedatase.pdf</a></td>
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</tr>
<tr>
<td>Miller, E. (2011) Good conversations: Assessment and planning as the building blocks of an outcomes approach, Edinburgh: Joint Improvement</td>
</tr>
<tr>
<td>Author(s)</td>
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<tr>
<td>Patterson, M., Nolan, M. and Musson, G. (2011)</td>
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</tbody>
</table>
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