Meaningful & Measurable

A Collaborative Action Research Project

Developing Approaches to the Analysis & Use of Personal Outcomes Data

Using information about personal outcomes: Examples from the Meaningful and Measurable Project

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Using information about personal outcomes

Introduction

Embedding outcomes in practice has been a goal of public services in Scotland for several years (Scottish Government 2010, 2011). As illustrated in Figure 1, the three components of an outcomes approach have been identified as engagement, recording and using information (Cook and Miller 2012). While considerable effort has been invested in supporting outcomes focused engagement or conversations at the frontline, and more recently recording outcomes, less progress is evident with using outcomes information for decision-making at the wider level. The quest to advance the use of collated personal outcomes information in service settings underpinned the Meaningful and Measurable project, which informs this paper.

Figure 1: The Components of a Personal Outcomes Approach
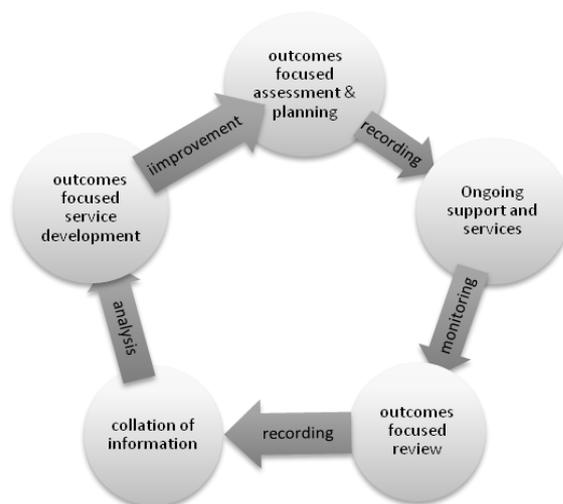
Cook and Miller 2012

Background to the Meaningful and Measurable project
Meaningful and Measurable was an ESRC funded research project that ran from November 2013 until March 2015 with the following aims:

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 as to the benefits and limitations of different approaches.

The project facilitated eight organisations (practice partners) to participate in local research activity, each supported by an academic mentor. Drawing on the principles of both Action Research (Sharp, 2005) and dialogical approaches to Knowledge Exchange (Nutley et al, 2007) the project adopted a collaborative action research approach to progressing analysis and use of personal outcomes information in practice. Collaboration was primarily supported by four data retreats, enabling the partners to share and reflect on learning and to work together to build an evidence base as to what works, when and how.

Project learning and previous project papers

Broadly, the project tapped into the aspiration to use both qualitative and quantitative data to inform decision-making. However it has long been recognised that data must be of sufficient quality if they are to inform decisions. Early in the project, reviews of their records by practice partners revealed a range of issues with recording and measuring outcomes that required responses if the project was to achieve its objectives. In particular:

1) As it became clear that narrative recording of outcomes required attention in its own right and drawing on examples from the project, a paper comprising a collection of narrative recordings was published to support this (Miller and Barrie 2015).

2) It also became apparent that the tendency to concentrate on statistical data in services meant that understandings of qualitative data remain limited. A series of project briefings were produced as a result, covering the differences between using individual stories and qualitative analysis, issues around sampling and generalisability, and different approaches to qualitative analysis, now available as a single paper (Barrie and Miller 2015a).

3) As we grew to understand how different conceptualisations of outcomes impacted on measurement, a separate paper explored the limits to establishing causality with outcomes, conceptualisations of outcomes measurement, and approaches to categorisation (Barrie and Miller 2015b).

The papers, together with further information about the project approach and methods, are available on the project website.

About this paper

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. This paper provides a broad overview of the main uses of collated personal outcomes information identified and facilitated through the project, notably in the following areas of longstanding interest:

- Practice and service development
- Service planning and commissioning
- Using more personalised methods to measure outcomes to gauge performance

Returning to the project aims, this paper engages directly with the first and second aims, while touching on the third (which will be covered in more detail in a subsequent paper). In so doing, it demonstrates how the views of people using services can be applied to decision-making, while also including practitioner perspectives.

Some uses of information, or changed understandings about the use of information, are linked to individual partners and this paper draws on the final reports of six practice partners, with reference to the other two partners. Alongside this, many insights and changes emerged as a result of project interactions, with partners regularly feeding into the collaborative process and then applying the learning to a new phase of development in their own settings, and so on. The paper therefore also considers how project information fed into wider learning, and use of information at the collective level. In addition to considering areas of progress, the paper highlights areas requiring further attention in the use of information. The next section of this paper sets out how each partner used collated outcomes information in their organisation, followed by information uses supported through collective project activity and learning.

Using personal outcomes information overview

Table 1 below was produced in consultation with the eight practice partners:

Table 1 - Project partner aims, methods and uses of information

Partner	Aims	Methods	Uses of information	Type of use
Angus	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	5 practitioner interviews followed by case file audit (20 cases)	Following discussion with colleagues further development to support linking of wellbeing scores to personal outcomes plans is being built into training	Practice/service development
		4 informal staff interviews	Tool amended to include practitioner analysis to paint a more complete picture	Practice/service development
	Further aims identified to develop consistency of approach, collate and analyse data for evaluation and commissioning purposes	1 focus group of 9 practitioners (jointly with Penumbra)	Inconsistencies across teams demonstrated a clear need for multi-agency training and support, under discussion by GIRFEC evaluation group	Practice/service development
Bridgend	Phase 1 – to explore how we currently record and evidence an outcome focused approach to practice, with a view to identifying improvement opportunities and people's roles in taking the necessary change and development forward	Workshop with senior and frontline managers	Revised assessment, planning and review framework to shift recording away from deficits and outputs	Practice/service development
		3 focus groups with frontline managers	Identification of an integrated multi-disciplinary community network team to test out new approaches and ways of recording outcomes for people they work with	Practice/service development
	Phase 2– to identify and agree what development and change is	3 focus groups with practitioners
Making of 2 linked	Use of written and digital stories to support shared understanding of personal outcomes	Practice/service development

Partner	Aims	Methods	Uses of information	Type of use
	needed to influence and support decision making and have better information which can inform practice development, commissioning and performance management	digital stories	Commissioned an integrated IT system to support integrated recording by different professionals	Practice/service development
			A more appreciative and collaborative approach to workforce development	Practice/service development
	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.	Welsh NOF methods adapted in response to project learning e.g. learning event, collaborative communication sessions	Following the project, work underway to develop a new supervision policy across the service, linking to a revised appraisal and quality assessment approach	Practice/service development
				Performance management
			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'.	Practice development
				Performance management
Edinburgh	Our aim has been to better understand the practice of recording of outcomes in assessment prior to and after the implementation of the Social Care (Self-directed Support) (Scotland) 2013 Act.	Audit of 5 case files each for 5 information team members	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.	Practice/service development (future)
		Plan to engage with practitioners to be completed following the project	Develop recommendations for organisational learning in relation to practice, management and reporting purposes	Practice/service development (future) Performance Management (future)
East Renfrew shire	Exploring frontline practitioners understanding of personal outcome data and how that	Detailed search through 50 case files for outcomes data	Case file audit data and overall project findings on recording linked back to service improvement work around improving	Practice/service development

Partner	Aims	Methods	Uses of information	Type of use
	influences practitioners' service improvement activity.	Sick leave limited progress to phase 2 to consider performance management	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	Practice/service development
Moray	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.	Analysis of case file quantitative data Audit of 5 case files (qualitative) 5 interviews with social workers Focus group with 2 senior managers	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 front line 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.	Practice/service development Practice/service development (future) Performance management Commissioning (future)
Penumbra	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	6 interviews with staff 9 case file audits 2 informal staff interviews	Have now included recording within our I.ROC and Planning4Hope training days. 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	Practice/service development Practice/service development

Partner	Aims	Methods	Uses of information	Type of use
	associated reporting practices.	1 focus group of 9 practitioners (jointly with Angus Council)	recording, and reduce duplication of efforts.	
			Improved understanding of challenges with recording practice are informing changes in the guidance, materials and training for good personal outcomes recording.	Practice/service development
			Inclusion of far more detailed questions regarding I.ROC use and recording of outcomes in internal audit structure.	Performance management
			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.	Commissioning
Stirling	Improve identification of personal outcomes with people using the reablement service	Audit of 4 case files of individuals who had used reablement more than once	Clearer recording of progress against reablement goals supportive of better decision making about support required to enable people to live independently	Practice/service development
	Develop a common understanding and approach to recording outcomes, including quality of life outcomes across the service	3 meetings held with representatives across the council to share perspectives and share and embed learning	Clearer understanding of what good recording looks like in the context of reablement established through audit, engagement with team and through MM participation	Practice/service development
	Improve links between practice and performance by involving reablement practitioners in developing performance indicators		Understanding of good recording criteria built into internal audit processes	Performance management
	Improve effective communication of outcomes between assessors	Further detailed audit of 4 reablement case	Different measures considered by reablement staff who agreed to testing them	Performance management

Partner	Aims	Methods	Uses of information	Type of use
	and providers. Use learning about documenting personal outcomes in improving services and performance	files 2 meetings with the reablement team	Following the project, Stirling linked in to a Benchmarking Network pilot to develop measures for reablement	Performance management
VOCAL	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 outcome focused recording practice.	Detailed analysis of 5 sets of records Focus group with 12 practitioners Small group discussions involving 15 staff 2 individual interviews with focus group members Further review of 4 sets of casenotes	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 Support staff/volunteers skill development via training, supervision and team meetings 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. 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 Using information recorded by staff and volunteers to inform service development (improving) and performance management (proving) to inform recording practice	Practice/service development Practice/service development Practice/service development Practice/service development Performance management

Partner	Aims	Methods	Uses of information	Type of use
Collective	To develop a better understanding of different approaches to outcomes focused working and ensure that project findings are grounded in diverse perspectives	Data retreat discussion and debate Modelling outcomes approach	Understanding of similarities and differences between the various partner approaches at both practical and conceptual levels enabled more inclusive and productive dialogue	Enabling change Practice development
	To support good recording practice across organisations by agreeing what good recording looks like	Data retreat discussion including review of sample documentation by practice partners	Authoring and distribution of Recording Guidance	Practice/service development
	To support good recording practice and appropriate use of information across organisations by understanding the limits and possibilities of quantitative data about outcomes, and more broadly	Data retreat discussion Literature review Analysis and review of data retreat discussions	Authoring and distribution of Measuring Outcomes in Service Settings paper	Practice/service development
	To develop capacity in the use of qualitative data in service settings	Data retreat discussion Literature review Analysis and review of data retreat discussions	Authoring and distribution of Supporting Use of Qualitative Data in Service Settings paper	Practice/service development
	To use more personalised methods to measure outcomes to gauge performance	Data retreat discussion Review of project reports Analysis and review of data retreat discussions	Authoring and distribution of this report	Performance management

Before discussing developments within each of the three broad areas of information use, namely practice/service development, performance management and service planning/commissioning, it is essential to emphasise two points:

First, there is a considerable degree of interplay between the three areas. e.g. 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 then recording this. What practitioners prioritise through recording is in turn shaped by prevailing performance management regimes.

Secondly, and critically, 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 longstanding concern to ensure that the predominant emphasis on, and drive to measure outcomes do not undermine the quality of interaction (Cook and Miller 2012). Additionally, many of the practice and service developments identified in this paper directly impact on individual planning and it is important that these uses of information are recognised as fundamental, and prerequisite to sustainable culture change, rather than perhaps deemed secondary to developments in the use of outcomes information effected at service, organisational or wider levels.

Practice and service development

Overview

As shown in table 1, practice and service development represented the main area of collated outcomes information use by the practice partners, and is discussed in this section as follows:

- Two key areas of practice and service development relate to the first two components of an outcomes approach: engagement and recording, and these are discussed in the next two sub-sections.
- Consideration is then given to how information from the project was used to improve understanding about measurement of outcomes.
- Following from that are examples of scale measure data being used to inform service developments.
- Finally, examples of the use of qualitative data by several project partners are highlighted, including consideration of how improved capacity to use qualitative data in itself represents progress in terms of using information.

Supporting good conversations

It is important to note that in parallel to the concepts of engagement and recording, most practice partners undertook *both* interviews/focus groups with practitioners *and* a review of their records in carrying out their local action research projects. Ultimately, it is not just how information was *used* in the organisations which is of interest here, but also how information was *gathered*.

All eight practice partners intended to involve practitioners, and despite many challenges, six managed to do so, with the other two planning to do so after the end date. There were several rationales for doing so.

First, there was debate during the 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)*

The Penumbra and Angus partners shared the explicit aim of exploring the extent to which outcomes focused conversations were taking place, as well as the extent to which these conversations were being recorded. A joint study was conducted, and stepping through a recently completed case record as part of each practitioner interview proved insightful, anchoring the discussion in concrete terms. This work also highlighted that, in some settings and for some people, the use of structured tools with a strong visual component, can actually aid conversations, both by helping to manage complexity in the context of somewhat chaotic lives and by helping people to look at the broader picture rather than getting bogged down in the latest issue. Sharing this finding with other practice partners was critical.

In addition, the focus on practitioner engagement within the project also served to support shared learning through dialogue and information exchange. This is significant because it has been argued that modelling an outcomes approach within organisations supports implementation at the front line, including conversations which help to clarify purpose and shared understandings (Cook and Miller 2012). Some partners also engaged different departments to develop a shared understanding across the service and further learning here proved invaluable in indicating where improvements could be made. 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).

Overall there was strong consensus around the benefits of promoting good conversations within the organisation 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:

> *Developing an understanding of the skills involved by supporting and encouraging discussion and debate within and between teams (VOCAL report p10)*

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)*

Through reviewing outcomes data *and* engaging with staff over the course of the project, several partners identified improvements to their organisational approach to engaging with staff (Bridgend, Edinburgh, VOCAL). For instance, in an email conversation with the project lead for VOCAL after the project ended, she informed:

[Two team leaders] have encouraged all staff to read the project report and then used it as a basis for further discussion and reflection. The feedback I have had is that it has been very positively received as staff feel it reflects their experiences, and that it has helped to focus and clarify people's thinking around recording... This feels like the right way to do it now, as before we would probably have attempted an organisation wide session, which might have brought more structure but less individual reflection.

Using outcomes information to improve recording practice

An audit or review of records was the most consistent approach to accessing outcomes information in the project as a whole, undertaken by all practice partners at the start of the project. The main focus here is review or audit 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)

While initial feedback from practice partners at the first data retreat suggested some concerns about the quality of recording, these concerns solidified following discussion of findings at the subsequent retreat, with the idea emerging that the audit had 'lifted a rock' on the records, with lots of system bugs emerging as barriers to good recording practice (Miller and Barrie 2015). While quality of narrative recording was a common concern, Penumbra also included a quantitative component to its audit, counting the number of fields in completed tools which included comments and also the number of words in the comments, finding a steady increase in the four years since the tool was introduced.

With regard to practice and service developments implemented by partners in response to the review of records, as identified in table 1 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 2015). 'Elevating the status of recording' signals progress for the following reasons:

- Recording shapes the quality of interaction; good recording principles support good conversations
- Recording is an analytical tool
- As records are increasingly shared with and owned by people using services, records such as support plans impact on the person's perception of themselves, their outcomes, and the roles that they and others play in working towards those outcomes
- Agreeing principles across different agencies is important in the context of integration
- Effective recording of narrative data is essential to understanding whether and how outcomes are being achieved
- The quality of recording influences the potential for effective decision making both at the individual and service level.

In the Stirling reablement team, considerable effort was invested in developing recording practice. While reablement has a focus on goals, this tends to concentrate on change outcomes or functional goals, with less attention paid to quality of life. The concentrated efforts to include quality of life outcomes for people using reablement in Stirling, supported by a new tool and guidance, training and supervision for staff, are important for the

individuals using the service, but also for the sustainability of the service. Social isolation for example, is strongly associated with morbidity among older adults living in the community (Nicholson 2012). The work on including quality of life considerations in the service was linked to increasing knowledge amongst the staff of local resources to support this, and positive feedback from individuals and their families as well as staff (Stirling report).

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.

Measuring outcomes – improved understanding of limits and possibilities

Measurement was not a core focus of any of the action research projects, and therefore does not appear against the aims for any of the practice partners in table 1, but it did feature heavily in discussions and debate at the data retreats.

Five of the eight practice partners included the use of scales measures in their outcomes approaches prior to the project starting. Some of these partners investigated how the scale measures were used by practitioners, with two partners identifying that they wished to review their approach to measurement, including reconsidering their choice of scale, as a result of the learning (East Renfrewshire and Moray).

However, 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 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). We return to use of narrative data in the section on using qualitative data.

Another key area of learning to emerge from the collaborative process involved an increased understanding of key 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. As identified in table 1, the two services using wellbeing measurement approaches identified improvements required to link the measures to personal planning processes and associated amendments to staff development programmes.

In terms of the extent to which it is possible to 'measure personal outcomes', the shared experiences of the different practice partners supported the conclusion that:

- We can use an evidence-based framework (or tool)
- Consisting of sufficiently high level categories of outcomes
- To help determine, locate, organise, or map personal outcomes
- In a consistent way [across the service/organisation]
- And in conjunction with a context-appropriate scale measure [that does not compromise the quality of engagement]
- And thereby generate outcome measurements
- That can be used **with caveats and not in isolation**
- To help inform different levels and types of decision making

While there was consensus around the need to avoid using quantitative outcomes data in isolation, discussions between practice partners also resulted in a better shared understanding regarding the conditions necessary for appropriate use of aggregated score data. Alongside the need for contextualising information, these included minimum service

population size and consensus that working with shifts over time made more sense than expending effort trying to tie down the meaning of each scale point. Equally, it was recognised that other considerations, such as the frequency of reporting and number and frequency of reviews deemed necessary before shifts in progress towards outcomes would be meaningful in a statistical sense, were highly context-specific, and that such understanding had to be developed organically within the organisation over time. There was also learning about how the monitoring of patterns and trends in score data can prompt further inquiry for understanding and improvement, as summarised below.

Monitoring outcomes scores for understanding and improvement

At the time of writing, analysis of project data about measuring outcomes is continuing, with some briefings to support understanding available in an interim guide (Barrie and Miller 2015b). However, it is possible to highlight themes identified by practice partners with regard to monitoring their quantitative data. Most partners using scale measures identified benefits in being able to monitor patterns and trends, mainly with a view to understanding what is working for whom, where and how. Within VOCAL, simply being able to see the issues being identified most by carers was found to be helpful:

> *So since we started this whole approach consistently, almost without fail… The carer's own health and wellbeing has been the issue that's come up more frequently. In the conversations with the carers. Closely followed by being better informed. So there's a consistent pattern. So I suppose that's where I would, sort of, use aggregated data (VOCAL, Data Retreat 4)*

Penumbra also highlighted the benefits of monitoring trends within different parts of a service, and investigating whether there were changes or activities that might contribute to the differences observed. However, again here there was emphasis on seeking other sources of information before drawing conclusions, recognising that in some circumstances reduced scores might not be indicative of a problem. For instance, within its self-harm service, it was found that in order to improve self-esteem scores, many people often have to end relationships having a detrimental effect on their wellbeing, such that initial decreases in social network scores can be helpful and necessary, rather than problematic. This leads to consideration of the role and use of qualitative data by project partners.

Using qualitative data – improved capacity as a marker of progress

All practice partners worked with qualitative outcomes data to varying extents. We have already outlined ways in which qualitative data directly impacted on understanding and improvement around recording and engagement practices. For instance, reviewing their narrative outcomes records resulted in practice partners collectively identifying criteria for good recording, which in turn fed into an agreed set of criteria for the project and a collection of recording examples to support further embedding of the approach (Miller and Barrie 2015). Locally, the importance of using qualitative data alongside outcomes score data has also been emphasised and further examples of the use and impact of qualitative data are threaded through the sections that follow. However, the authors believe it is worth considering developments in the use of in the qualitative data in a separate section for the following reason:

> *A personal outcomes approach requires a significant shift in the way data are managed, analysed and understood. Standard practice in most organisations has focused almost exclusively on gathering, analysing and reporting quantitative information (Barrie and Miller 2015a).*

Just as 'elevating the status of recording' signals progress, improved capacity to gather, engage with and ultimately analyse qualitative data in itself represents progress in terms of using information and implementing a personal outcomes approach.

At a minimum, the practice partner research projects included direct engagement with pre-existing narrative data about outcomes in the course of reviewing their records. Through engaging with qualitative data some partners, particularly those in performance and information roles, reported heightened awareness of the complexity of people's lives and the difficulties practitioners face in addressing this complexity. The effects at times were profound (Barrie and Miller, 2015b).

One example of narrative records about outcomes being used analytically is 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.

In addition to using qualitative data about outcomes, over the course of the project, most practice partners also gathered qualitative data through face-to-face interviews/focus groups with staff. The process of qualitative data gathering itself resulted in some cases in significant changes in understanding in different ways, with practice partners directly experiencing factors shaping conversations and their distillation for reporting purposes, as well as uncovering barriers and supports to effective outcomes focused practice from the content of these discussions.

Discussions at data retreats and subsequent review of transcripts from these sessions also helped to increase understanding that the various partners were at very different stages in understanding the potential role of qualitative data, with several having no experience of qualitative data analysis. As the academic team grew to understand that some partners were importing assumptions about sampling, aggregation and generalisability from their knowledge of quantitative data analysis, they worked to produce briefings to help clarify some key differences (Barrie and Miller 2015a). This represents a further example of the use of information at the collective level in the project.

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 regarding 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.
- In Bridgend work continued after the project, as identified in table 1, "to develop a new supervision policy across the service, linking to a revised appraisal and quality assessment approach."

Each was viewed as a way of ensuring that emerging practice development exercises were having the desired impact, and to monitor ongoing staff support needs.

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. There was progress in this area, although perhaps not consistent with predominant understandings of performance management as being centrally and statistically driven. 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 be tested. Bridgend had a direct link to the testing of the Welsh national outcomes framework and, as identified in table 1, reported that project findings significantly influenced the pilots:

> *Linking in the findings of the Meaningful and Measurable project has resulted in a shift to focus on meaningful conversations at the frontline rather than top-down imposed 'tick boxes' (Bridgend detail from table)*

As a third sector provider, Penumbra was clear that it would not be using scores to compare services for performance management, or to set targets (Penumbra report p4). The commissioning officer in Stirling who attended project meetings saw the national health and wellbeing outcomes in Scotland as potentially providing a common language to inform performance, as long as they were "seen as high-level signals, allowing for flexibility as to how information is gathered at the local level, rather than 'forcing people into boxes' (Stirling report p9)

Although not consistent with more managerialist conceptualisations of performance management, the methods emerging across different organisations point to ways of achieving consistent and effective improvements in ways that can be evidenced for both internal and external purposes. This topic will be reported in more detail in a subsequent paper.

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 and improvement both within and beyond the organisation, and provide the following example:

> *Carers of people with addictions, 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. Of course, quality of narrative recording emerges as a key consideration here. One of the statutory partners found through examination of the records and in interviews with practitioners, that further work was required to generate practitioner interest in how outcomes were achieved. The need to develop interest in and understanding of contributory factors was identified as important by a manager there:

> *The right thing for the right situation and the right person, you know. We have many stories of people who, you know, have worked really hard to be as independent as possible. And telecare has a crucial role in doing that – whether it be through medication prompts or families feeling much more relaxed. But equally we know there are heaps of telecare products that get issued at great expense to the department and then sit in somebody's lobby cupboard (Service manager, focus group, Moray)*

The head of community care in also participated in this focus group and added that practitioners would ideally be gathering the 'real qualitative data.' Taking the example of social isolation, this manager argued that the social work role should be getting to know and understand the circumstances of the individual and their family and to work around that understanding, rather than the answer necessarily being to develop *a generic anti-loneliness service* in commissioning terms. Discussions about a need to broaden the focus of commissioning emerged at the end of the project, to include the professional role, community development and micro-commissioning, in addition to what are more traditionally understood as services – and it was argued that outcomes data should help to shape this.

In VOCAL, where attention has turned relatively recently to recording practice, particularly through the Meaningful and Measurable project, it was found that practitioners tended to place more emphasis in the records on what was not working and the actions required. Based on comments in one of the staff interviews, it was considered that this might be due to a perceived need to justify service involvement. Although there were examples of particular services being recorded as having contributed to improved outcomes, which was helping to build a picture within the service of where best to invest resources, there was further work to do to develop this and to ensure that the assets of the carer were acknowledged more too.

Penumbra identified that reports generated by their wellbeing approach had been positively received by commissioning bodies as extra evidence of how their services are working. It had some concerns however about being under pressure to evidence how its service or parts of their service was increasing scores as evidence of effectiveness, again raising concerns about the risks of using quantitative data alone:

> *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 (Penumbra report p4)*

A commissioning officer in Stirling, who regularly attended meetings of the project, was clear that its emerging approach to using logic modelling as a basis of its outcomes approach to engaging with providers could help to ensure that preventative and low level support remained part of the picture.

Conclusion

A key concern of all Meaningful and Measurable partners is that information gathered through practice encounters requires to be of sufficiently good quality to be used for decision-making, at both individual and collective levels. The project demonstrated that this requires understanding of the barriers faced by practitioners, and responses to their needs and recommendations. It was in these latter areas that most progress was made, with increased understanding of the complexities involved, and a range of adaptions developed accordingly. This exploratory work increased understanding on various themes, including the limitations of measurement alone, of the criteria for good recording and use of qualitative data. This increased understanding in turn was linked to further service adaptations to maintain the momentum, including appraisal and supervision of staff and audit. These processes could be described as performance management. Although internally driven, consistency between partners was encouraged through the collaborative nature of the project.

While progress was also made with use of data for external performance reporting and commissioning, this was more preliminary, with ideas emerging about a more bottom up approach, consistent with, rather than diverting attention away from the improvement work taking place. Distinctions between *'measurement for judgement'* and *'measurement for improvement'* have been considered previously in relation to outcomes (Miller 2012). While this topic is the subject of continuing analysis, it is worth mentioning here with regard to the need to clarify 'purpose,' and the benefits which can be realised when the priorities of people using the service and improvement which supports that focus, remain paramount.

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