Meaningful & Measurable

A Collaborative Action Research Project

Developing Approaches to the Analysis & Use of Personal Outcomes Data

FINAL PROJECT PARTNER REPORT

VOICE OF CARERS ACROSS LOTHIAN (VOCAL)

February 2013

About this Report

Meaningful and Measurable is a Collaborative Action Research project funded by the Economic and Social Research Council (ESRC). The project builds on an existing programme of work over several years in Scotland, involving all of the organisations to varying extents, in developing and embedding an outcomes approach to practice. The project itself was prompted because developing approaches to the recording, analysis and use of personal outcomes data has been found to pose challenges at all levels of organisations. Within this project, we are exploring the tension between:

- **Meaning:** the need for detailed, contextualised information on individual experience to inform individual planning and service improvement.
- **Measurement:** the need to aggregate information on personal outcomes to inform decision making at organisational and national levels.

All eight project partners have contributed to the findings of the project overall which will be reported separately.

Six project partners have also authored reports on their local projects

This report shares the learning of VOCAL

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PROJECT PARTNERS

Angus Council

Bridgend County Borough Council

East Renfrewshire CHCP

Edinburgh City Council

Moray HSCP

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University of Strathclyde

University of Swansea

STAKEHOLDER PARTNERS

Joint Improvement Team

Community Care Benchmarking Network

Health & Social Care Alliance

Social Services Improvement Agency Wales

VOCAL Project Report

1. Headline

VOCAL (Voice of Carers Across Lothian) is a voluntary sector organisation that provides support to unpaid carers in Edinburgh and Midlothian. VOCAL began to consider what 'outcomes' meant for unpaid carers over 6 years ago, and since that time there has been a considerable amount of learning and rethinking of our approach to outcomes.

The initial focus of VOCAL's action research project was how information on personal outcomes is being recorded on our electronic recording system (Carer Impact Shared System – CISS) 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. In particular:
- How we make records concise but meaningful
- Supporting staff to take time to allow meaning to emerge from conversations before locking it down into a record
- Supporting staff to remain outcome focused in their recording just as we support them to be outcome focused in their conversations, and exploring how we draw through the outcome focused practice we have built around the conversation into the recording practice

The reason for this shift in focus was that the assumption we had made, that supporting outcome focused conversations would naturally lead to good outcome focused recording, was not supported by the analysis of the records. What the analysis showed was that there were many indicators of outcome focused recording but that further discussion was needed to articulate this within the organisation and support its development.

2. Where We Were

VOCAL has been working to embed an outcomes approach into its work since 2008. Considerable work has been done and progress made on how to have 'good conversations' with the unpaid carers we support. The aims of these conversations include:
- Providing the carer with the space and time to reflect on their life and identify the outcomes that are important to them
- Supporting the carer to identify their strengths, skills and coping strategies so that these can be built on further
- Supporting the carer to identify what further support they might need to address their outcomes.

VOCAL has developed the Carer Impact Shared System (CISS) to capture these conversations so that there is a record of the conversation and what happens as a result of it. These records are then also used to identify key themes and issues for carers which in turn helps to inform service planning and development. However we were aware that while we had spent considerable time and effort in developing our skills around the conversation, and in developing the system to capture the conversation, we needed to look at the quality and then usefulness of the information we recorded.

3. What We Started Out To Do

The aims of this project were to explore:

- How the information on personal outcomes is being recorded on the CISS by staff and volunteers in VOCAL, with a view to assessing the quality of the data on personal outcomes recorded on the CISS
- The extent to which information on personal outcomes, recorded on the CISS, can support service improvement, planning and performance management within and beyond VOCAL

The project was led by Julie Gardner initially and then latterly with Rosie McLoughlin, both Assistant Directors in VOCAL. The VOCAL staff team were involved both in terms of using their records on the CISS and engaging them in discussion around recording practice.

4. What We Actually Did

To address the project aims the plan developed at the first data retreat was (phase 1) to:
- Carry out a content analysis of records held on the CISS
- Hold a focus group with staff to discuss recording practice with the aim of gaining a better understanding of their experience of recording personal outcomes data

Following a discussion with Ailsa Cook, VOCAL's academic mentor, it was agreed that before starting a content analysis of the records it would be advisable to analyse casenotes and personal outcomes reviews where good recording practice was demonstrated.

Analysis of casenotes

Five sets of casenotes, and the linked baselines and reviews were selected and were then printed out and analysed with the following filters in mind:
- What did they record about the outcomes identified by the individuals?
- What did they record about the support/interventions offered?
- What did they record about the impact of the support/interventions on the individual's outcomes?
- Ultimately did they provide a clear picture of who the person was and would the person recognise themselves in the records?

This analysis resulted in a list of themes which emerged in relation to the above filters (level 1 coding), which were then grouped into broader categories (level 2 coding). A detailed report on these can be provided if needed.

Analysis of staff discussion

The discussion took place in VOCAL, Johnston Terrace on 19th March 2014. There were 12 staff present representing the following teams – Edinburgh Carer Support Team, Midlothian Carer Support Team, Family Support Addictions, Wee Break Midlothian (Short Breaks Bureau) and the Advocacy Service.

The following questions were discussed:
1. What supports the recording of personal outcomes data on the Carer Impact Shared System (CISS)?
2. What challenges or hinders the recording of personal outcomes data on the CISS?
3. What is and is not in the records following the personal outcomes review with the carer?
4. Where in the CISS is the information on personal outcomes recorded by you?

The discussion was recorded and transcribed for analysis. The analysis resulted in a list of themes which emerged in relation to the above filters (level 1 coding), which were grouped into broader categories (level 2 coding). A detailed report of this can be provided if needed.

Following discussion with Ailsa Cook it was agreed that the next step (phase 2) for the research was to move from describing what was emerging from the data to explaining the understanding which was emerging from the data. This was reinforced through discussions at the data retreats around what is 'meaningful' recording and how do practitioners balance this within a 'performance management' culture which puts an emphasis on what is 'measurable'. Specifically it was agreed to focus on the following:

1. From description to explanation
- Reviewing and re-analysing the transcript of the conversation with staff from VOCAL, with a view to moving from description to explanation, and producing a report on this.

2. Digging deeper with practitioners
- Based on the above report the aim was to define clear questions to discuss with two of the practitioners, whose notes were used in the original analysis of the casenotes. These interviews were carried out by Sarah Keyes from the academic team.
- These conversations, with the permission of the practitioners, were recorded and transcribed.
- They were in turn reviewed with a view to gaining a better understanding of what prompts practitioners to record what they do.

3. Digging deeper with the casenotes, baselines and reviews

I reviewed the casenotes, baselines and reviews used in phase 1 with a view to:

- Establishing whether a 'pen portrait' of the person could be created from the information contained in the notes
- Establishing what was missing from the notes
- Checking to see if there was clear cross-referencing between the baselines, reviews and casenotes
- Asking the 'why' questions of the casenotes, for example why is a particular source of support effective?

5. Findings

The following findings have emerged to date:

1. From description to explanation

In reviewing the staff discussion it was clear that there are aspects of the CISS which motivated and challenged staff to record generally, as well as specifically on personal outcomes, and these are:

Motivating factors

- Improved connections and communication
- Feeling and appearing more integrated
- Improved sense of security
- Capturing the flow and complexity of the information being shared by the carer in the conversation
- Note facility allows more flexibility in recording

Systems challenges

- Outcomes can go to the 'bottom of the pile' in the system, as information is layered on to the casenotes
- At times staff felt that they were supporting the system, rather than the system supporting them

The other crucial findings to emerge were around the theme of *'allowing meaning to emerge'*. This included:

- **Not rushing to record,** as one staff member stated

    'We were taking an outcome, but you're not pocketing it straight away into the finance or health and wellbeing, and you are considering if this issue – does it impact in other areas…maybe somebody comes up and says money is an issue – it doesn't have to get pocketed and so it doesn't narrow your support.'

- **That you do not let the outcomes get in the way of the conversation**, as one member of staff put it: *'You've still got the listening. And not that you're consumed by the outcome. You've got an outcome, obviously. But you listen to the conversation'*

The final set of findings was around the *'issues to explore further in developing practice'*. Throughout the discussion with staff a number of issues/themes emerged which need further consideration and discussion as we work to develop the practice around the recording of personal outcomes. These are summarised below:

Parallels with changing the conversation

In changing the conversations that we had with carers we had to constantly be mindful of the need to listen and reflect back what we are hearing, and keep focused on the outcomes and not the activity. This is also true as we develop recording practice.

Developing understanding and use of the system

It was apparent during the discussions that staff find their own ways of interacting with the system to make it work for them. One example was the discussion on updating the baseline, so that it reflects changes to the carer's situation and/or priorities. One staff member describes creating *'a trail line'* of changes to the baseline to give her *'a full audit trail of what I've done'*. This raises the question of how we as an organisation tap into useful practice developments, which can then be shared, while also guarding against practice developments which undermine the recording of outcomes. Staff consistently value the opportunity to come together to have cross team discussions as means of building relationships, building understanding of each other's contribution and sharing learning.

Recording that is meaningful

There can be a tension between recording in a way that is aimed at being meaningful while also recording in a way which is concise. Service managers have reflected in other discussions the tension between these two. Again parallels can be drawn with the tensions between having meaningful conversations when there are time pressures.

Building the relationship with the carer

There was a consensus that recording the carer's own words to reflect back to them was important as it demonstrated that they had really been listened to and this in itself was very important as part of building the relationship. Quoting their own words back and how they sounded when they spoke them was also seen as a way of supporting the carer to reflect on the progress they had made.

Reading the cues

> *'And I know it's a balance between recording in a way that's, kind of, clear and concise, but also meaningful isn't it, which is a whole skill in itself... I think that would be one of the things that would be good to get from this and begin to unpick – how we get to that balance.'*

This quote summarises well the challenge that faces practitioners in recording outcomes. This led to discussion on what makes staff think 'I really need to get that'. Many of the conversations staff in VOCAL have with carers are over the telephone. Where conversations are held face to face there was acknowledgement that body language plays a role in getting a better understanding of what is important to the carer. So a key area going forward is the need to explore with staff how they decide what they record from the conversation. What are the cues they use if they are having the conversation over the phone? What are the cues they use if they are having the conversation face to face?

In discussing and exploring this, the aim would be to make the subconscious practice more conscious which in turn allows learning and practice development.

2. Digging deeper with practitioners

Two Carer Support Workers were interviewed by Sarah Keyes, and the interviews transcribed. There has only, to date, been a quick review of these transcripts but again a strong theme which emerges is the conscious grapple staff are undertaking with how to meaningfully record conversations, as illustrated by this quote about getting the conversation and recording right:

> '*But it's equally as important as well… To create a whole, you need to get both parts right…'*

3. Digging deeper with the casenotes

The final set of findings relate to the further review of 4 sets of casenotes, which were used in phase 1 of the project.

Briefly here are the findings:

Pen portrait

In all four notes there was a good description of the caring situation, the impact this was having on the carer and their family, and the issues with which the carer wished further support.   There was also information provided on support from other services which the carer or cared for were currently using.

Missing information

What became clear in reading the casenotes, baselines and reviews is that the main piece of missing information is around the strengths, resources and assets of the carer themselves. Again I know from conversations with colleagues, and this is reflected in the transcript of the staff group discussion, that staff are grappling with the question of how to retain meaning from the conversation through to the recording of it, and how do they decide what should and should not be recorded. So this continues to be a key area for further exploration.

Cross-referencing

In two of the four notes there was good cross-referencing between the casenotes and the baselines and reviews. In the other two notes there was information contained in either the baseline or review that was additional to the casenotes. Generally there also appeared to be more analysis/explanation happening in the baselines and reviews than in the casenotes. For example this explanation was contained in the review notes,

> *'Carer's health is still up and down. She feels hinges on how her daughter is coping. Carer can feel extremely tired and ill. Does not want to go back to her GP as they will just refer her on. Going to work helps carer to switch off and forget what's happening. Can be difficult at the weekend as she is more contactable.'*

Whereas the casenotes provide the following, *'Carer has been struggling emotionally with the impact of caring. She feels very tearful and finds this difficult when at work.'*

Why?

In terms of asking why and providing some analysis of what was happening for the carer the main focus of this was in relation to what was not working. This reflects the finding outlined under '*Missing information'* above that the focus was on the issues for the carer rather than

strengths and resources, and what might be working. There were exceptions to this but the general trend was again to explore and analyse what was not working and what support could be offered to address this.

4. Digging deeper across service teams

Finally on 19th November approximately 15 Carer Support staff took part in a small group discussion, which addressed the three questions outlined below. The small groups were made up of staff from across the three main Carer Support Teams – namely Edinburgh, Midlothian and Family Support Addictions.

a) What do you see as the relationship between the conversation you have with the carer and what you record?
b) What do you think it is important to capture from the conversation in to the casenotes?
c) When you go into the casenotes what do you need to get from them?

The main themes that emerged consistently in relation to these three questions were:

- The need to capture the agreed outcomes and the agreed actions related to those outcomes, so an action-oriented focus
- Assessment of where you are in the process – starting point for next time, what you last did
- The feelings and emotions expressed by the carer and the tone in which they were expressed, this is particularly important as many of these conversations are held over the phone, and not face to face
- The need to record any risks in the situation
- Recording the carer's strengths, assets and own resources was mentioned in two instances but were not mentioned as often as the need to record outcomes, actions, and emotions and tone

This discussion gives further insight into the motivators for staff when recording, as it looks at what they consider is important to capture and what they need to get when they access casenotes. While the carer's assets are mentioned, the stronger themes that emerge are the need for the practitioner to have an understanding of the outcomes that are the focus for the support, and the actions agreed as a result. The focus is action oriented. One possible explanation for this is that the staff are recording to support and evidence the action taken, and support and evidence the need for resource. This is supported by a quote from an interview with one practitioner:

> *'But because she'd went into detail and explained the difference, not only for the person being cared for but the carer, and there was the layers to that, she managed to get a huge amount of… of respite funding for those carers.'*
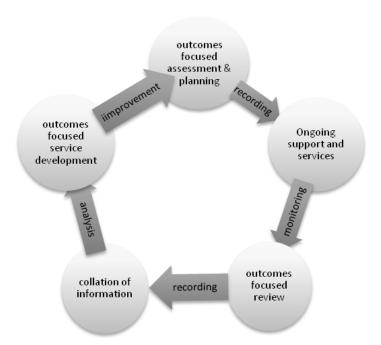
This need to evidence the need for support/resources in turn is likely to focus on the carer's support needs rather than what they are already doing that works for them. This possible explanation is further supported by conversations with Carer Support colleagues about the issue of the '*missing information*', namely the carer's assets.

When asked if this '*missing information*' reflects the fact that a discussion of assets/strengths does not come up in conversation my colleagues are clear and confident that assets/strengths are central to the conversations Carer Support staff have with carers. So the issue of the 'missing information' highlights the need to widen out the focus of recording just as we have focused on the need to widen out the conversation.

The '*missing information*' also highlights a broader issue, which was identified between partners at the Data Retreat, of the impact of performance management on recording. It was recognised that the information that organisations need to report on is a major influence on what is recorded. Performance management focuses on the impact of services (actions taken) rather than on attempting to understand the different factors (including personal and community assets) which contribute to the outcomes reported by individuals. This has the potential to lead to an overemphasis on the impact of services and little understanding of the other factors that contribute.

Within VOCAL we have developed an increased appreciation of and focus on the 'feedback loop' at the heart of developing and sustaining outcome focused practice in all aspects of our work, illustrated below from the 'Talking Points: Practical Guide' (Cook and Miller 2012)

Essentially we have focused since 2008 on assessment and planning, support and services, and review. Participation in 'meaningful and measurable' has supported us to now focus on recording, and the collation and analysis of information for reporting and service improvement.

To date the reporting on outcomes has been largely headlines and summaries, which can be useful but generally lead to more questions than answers. For example through quantifying our data on the outcomes prioritised by carers we can state that their own health and wellbeing is a consistent priority for carers. However this raises a number of questions, including why, what and how to respond.

In terms of 'why', there is a growing body of evidence from research published by Carers UK and others that carers are likely to experience an impact on their mental and/or physical health as a result of being in a caring role.

In terms of 'what' and 'how to respond' this is where local data on carers' outcomes can provide more detailed and helpful information. For example how many carers identify the issue as one of stress, or inability to attend medical appointments or physical injury as a result of caring?

In terms of 'how to respond' information captured at review can help to evidence what carers identify as having an impact in maintaining and improving their health and wellbeing, e.g. having the opportunity and support to reflect on their caring situation and its impact, getting a break, stress management, counselling. VOCAL is increasingly mining the data it holds to provide analysis which can contribute to service planning and improvement both within and beyond the organisation. Two recent examples are:

- 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.
- Strategic Plan for integration – as part of the development of this plan VOCAL has been asked for and offered contributions based on our quantitative and qualitative data analysis.

As part of the feedback loop, illustrated above, VOCAL needs to strengthen feedback to staff on how the data they record impacts on service planning and improvement, as well as continuing to support staff to reflect on how it improves the support they offer directly to each individual carer.

6. What Difference Is This Making?

The key impact for us as an organisation is the realisation that we need to support the development of outcome focused recording practice in the way that we supported the development of outcome focused conversations. This will include:
- Developing an understanding of the skills involved by supporting and encouraging discussion and debate within and between teams on good recording practice
- Supporting staff and volunteers with that skill development via training, supervision and team meetings
- Elevating the status of recording within the organisation so that it is not purely seen as a bureaucratic exercise but rather a crucial part of the support we offer to the carer. Supporting staff to see it as an opportunity for further reflection on what the carer has said and what they have understood from this, which will in turn inform both the action taken and the next conversation with the carer
- Using the information recorded by staff and volunteers to inform service development (improving) and performance management (proving) so that this in turn can inform recording practice

7. Personal Accounts

For me and for VOCAL the timing of this research has been very helpful. We were at a point where we had developed and were using a new recording system to capture personal outcomes. However there was a need to stand back and consider what we were recording and how it was being used. This research project has provided us with the motivation, focus and support to do that. As a result I have personally had the opportunity to apply my learning around qualitative data analysis and this has increased my confidence in my ability to do this on an ongoing basis in the future. Qualitative data analysis is increasingly becoming a core part of my contribution to the organisation, for example I recently completed a funding report having used qualitative data, and I am in the process of developing a funding proposal based on analysis of qualitative data.

For the organisation more widely the research has stimulated discussion around our recording practice. This has been a healthy and helpful process. My colleagues have, once again, shown themselves to be committed practitioners who wish to support carers to achieve the best outcomes possible, by being willing to reflect on and debate around how they can strengthen their recording practice. I am continually impressed and inspired by their willingness to do this.

The data retreats and mentoring have been very helpful as they have been:

- Key to maintaining momentum and engagement across sectors. It is crucial that we continue that cross-sector learning and debate.
- Providing a supportive place for reflection, grappling and 'nurdling'

I am very clear that we would not have come as far as we have if we had not been involved with 'meaningful and measurable'.

8. Challenges and Opportunities

On the whole we have been able to implement the research the way that we wanted. As with all research you start with a plan and then you change that plan based on what emerges from the research. VOCAL has been very supportive in allowing myself and Rosie the time to attend data retreats, and to engage staff. In terms of external factors the increasingly difficult financial climate is a factor. The danger is that as the resources decrease that the health and social care system defaults to counting things rather than looking at the impact of what has been done. So maintaining a focus on personal outcomes is absolutely crucial but also challenging as the pressure increases.

9. Implications and Learning

Worked well:
- Having the data retreats and individual mentors to support debate, discussion and planning, and to keep us motivated and focused
- Being supported by my colleagues in VOCAL – their willingness to engage in reflection and discussion around their recording practice with a view to improving the support they offer to carers
- The timing was ideal for VOCAL

Didn't work (but still good outcomes):
At the end of each data retreat we left with a plan and almost inevitably that plan changed as we discussed things within the organisation and with our academic mentor. However the learning from this process was always valuable, for example in deepening my understanding of qualitative data analysis, for example why analysing 5 sets of casenotes can be just as valuable as 20, as you can reach saturation point with no new themes emerging after analysis of 5 sets. So it is quality of analysis not quantity. So it was not so much that it did not work as getting comfortable with the need to flex and revise plans as the learning emerged.

Broader lessons:
'Nurdling' is a necessity! Having time to get into the mind bending and hard discussions is crucial if progress is to be made. There is no short cut (if there was someone would have found it by now!). You have to live with the messiness knowing that you will find your way through – slowly but surely.

Meaningful or measurable:
For VOCAL the focus of our project has been weighted towards 'meaningful' rather than 'measurable'. The rationale for this is as follows:

- The commitment of the organisation has to be first and foremost to the unpaid carers we support. As such the information we capture and record must support us to support carers. Throughout the discussions with staff it was clear that the need to ensure the information recorded was 'meaningful' was one of the main criteria they applied to the data recorded. As one member of staff commented:

    'And I know it's a balance between recording in a way that's, kind of, clear and concise, but also meaningful, isn't it? Which is... is a whole skill in itself.'

It is the qualitative data that provides the richer understanding of what supports carers to reach, or not reach, their chosen outcomes. It is this understanding that can then be used in service planning, development and improvement. Both within and beyond the organisation.