Gofal Cymdeithasol **Cymru**
Social Care **Wales**

Noddir gan **Lywodraeth Cymru**
Sponsored by **Welsh Government**

Friend not foe:

Supporting meaningful outcome focused recording in social care in Wales

Pobl
People
Ymchwil
Research
Ymarfer
Practice
Polisi
Policy

DEEP: A fo ben bid bont

Arolygiaeth Gofal **Cymru**
Care Inspectorate **Wales**

The work of CIW is guided by the principle of putting people first. An important part of our activity is evaluating the outcomes for people's safety, well-being and rights.

We endorse friend not foe as an approach which supports people to be equal partners who have voice, choice and control over their lives and are able to achieve what matters to them.

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It was gold, it really was – Fran's story

"Yeah, so just to share my experience… so, I never met my parents. I'm 58 now – I know I don't look it, but yeah… never met my parents, and I lived in a Barnardo's children's home for the first few years of my life. I remember how traumatic that was. I've still got elements of that, that are really clear to me… where foster parents dropped me off and all this kind of stuff. So very, very vivid memories.

I ended up being fostered by a couple who later went on to adopt me when I was 16. We left it until then, and then I made the decision, and so they're now my parents. So, I never really had any desire to meet my real parents…I felt that, that would maybe, you know, be a bit distressing for my new family really, so I didn't do it.

But I left home, I got married, had children of my own, and then there came a point in my life, probably in my thirties, when I decided to go and read my file, which was still with Barnardo's… and so I contacted them and they said, "Yes, come down." So, I made an appointment; I went down to Barnardo's, and it was just such an amazing experience.

It wasn't a big file, but two things about it really stood out to me – three things actually. The first thing was that my birth mum knew every detail of what had happened to me, and that really meant a lot to me, and that had been recorded by the social worker right through. And lots of things happened to me… so I was involved with the police, I got stabbed really seriously; it hit the headlines and all that – my birth mum knew about.

I'm actually quite a respectable artist, if I say so myself, and I do a lot of painting with Formula One teams and all this kind of stuff, and I found out on my file that my birth mum's a brilliant artist, and I was like so excited by that, because it was just like there's a connection there.

And then the third thing was, and this might seem a little bit bizarre, for the first time in my life, I saw a picture of me as a baby. It was like really moving. I'd never seen it… and what my son looked like when he was small, he looked like me - a Mohican haircut and stuff. And so, I was so grateful to the social workers that had taken the time to record that information. It was like gold, it really was. And so, it sort of filled some gaps for me. I still didn't want to go meet my mum. I don't have anything against her, I just didn't feel it would be helpful, but I was really grateful for the information. So, in terms of my experience of reading my file, it was a really, really significant experience."

This story was unexpectedly shared by someone at a consultation event about this resource in March 2020. It shows the importance of recording from a very personal perspective.

Introduction: The purpose and aims of this resource

1. The Social Services and Well-being (Wales) Act 2014 requires a shift towards outcomes-focused social work, rehabilitation and social care, starting with **what matters most** to people. It supports and expects the sector to take a co-productive and strengths-based approach to practice.

   Conversations between practitioners, people, carers, children and their families need to focus on personal (not standardised) outcomes and the associated risks, to be clear about where we are now, where we want to be and how we will get there. We also need to be able to reflect on what we have achieved and what we have learnt from the journey.

   Clear, succinct recording is an essential part of this. It provides a written record of conversations, analysis and the reasons for the support offered to people, carers, children and families when providing outcomes-focused practice.

2. This resource looks at the principles and provides guidance to support personal outcomes-focused case recording based on research, consultation with practitioners, and evidence of what can work. The main focus is on case recording, by which we mean the day-to-day records of interactions between practitioners and people who use care and support, which inform and influence decision-making for and with people.

   It also provides different examples of outcome-focused recording and reflective exercises. These will help people, teams and organisations make sure the recording is consistent and meaningful, which will help them build relationships and understanding with people who use care and support.

3. This resource is suitable for a wide range of audiences, including people that use care and support, practitioners, managers and commissioners.

   It can be used to develop:

   - the recording of assessments
   - care and support plans
   - ongoing case notes
   - notes from meetings
   - commissioning and correspondence, including emails.

4. One of the major challenges faced by practitioners and organisations in recording is deciding what to prioritise from lots of information collected on a daily basis. Conflicts and different views in the system mean that recording priorities can get distorted.

   This resource aims to help with those tensions, and to keep the focus on outcomes that matter to people. We commissioned the resource and worked closely with researchers at Swansea and Strathclyde universities. It is based on a review of existing research, as well as:

   - a literature review of social care recording
   - engagement with a reference group made up of people from different sectors
   - three consultation events around Wales in March 2020 (attended by 160 people)
   - smaller one-to-one and group meetings in the early months of 2020
   - regular meetings between us and the researchers
   - diverse examples shared by local authorities and providers across Wales
   - correspondence and meetings with Iriss in Scotland about similar work there.

Background: A personal outcomes approach to practice and recording

Focusing on what matters

5. There are important things that support our health, well-being and quality of life. As well as our physical needs, we need to be connected to others, and to be seen and heard if we are to thrive.

   This is shown in Fran's story (see page 3), where he reflects on how reading his records influenced his self-understanding and sense of connection to his birth parents. His story explains how recording provides opportunities to show and make sure that what people say matters, and that decision-making is as well informed and evidenced as it can be.

6. The changes brought by the Social Services and Well-being (Wales) Act 2014 over the past few years have seen a change in assessment and planning with people who have care and support needs. At the heart of this, lies the more personal 'what matters' conversation, which focuses on personal outcomes (Cook and Miller 2012) building on people's strengths and making sure that what matters to them stays at the centre.

   We have been supporting the social care workforce with their learning and development about this in various ways, including extensive training across Wales on the Collaborative Communication Skills Programme. You can find information about similar work in the health service at Care Aims.

7. While caring and effective 'what matters' conversations and relationships are at the heart of good social care practice, recording is also important. As well as supporting good analysis and practice, recording:

   - holds memories for practitioners, the people they support and organisations
   - supports a person's self-understanding and their sense of value and worth, as well as the challenges they face
   - provides opportunities to check understanding and co-produce agreements on ways of working together
   - informs and influences other practitioners within and across agencies
   - helps build positive relationships in practice

   Within agencies, records about individuals can be used:

   - to make practice decisions about those individuals (on the basis of collaboration with them)
   - be collated to build an understanding which informs wider decisions with commissioning/ improvement and others (Miller and Barrie 2019)

8. But over the last two decades, recording has been seen as a 'foe', rather than a 'friend'. The focus has been on accountability, performance and ticking boxes, rather than building relationships and improving people's lives (Munroe et al 2020). When we hosted engagement events around Wales in March 2020, practitioners told us about system and organisational barriers to recording what matters (see Appendix 1). It is important to address these.

9. The need to pay more attention to recording in social services has been a concern for a long time. Our literature review found that this has been identified as a gap for decades (Ames 1999) and that staff don't get the support they need for recording (Rai and Lillis 2013).

10. The Welsh Government's policy and legislation clearly state that it wants to support the development of systems that let people 'do the right thing', including the way outcomes are recorded and link to the effective use of resources. There is also a shift away from relying on tick boxes.

The new Performance Measurement Framework for Local Authorities focuses on qualitative data (stories), as well as quantitative data (numbers), and requires recording that is meaningful and provides context to the situation.

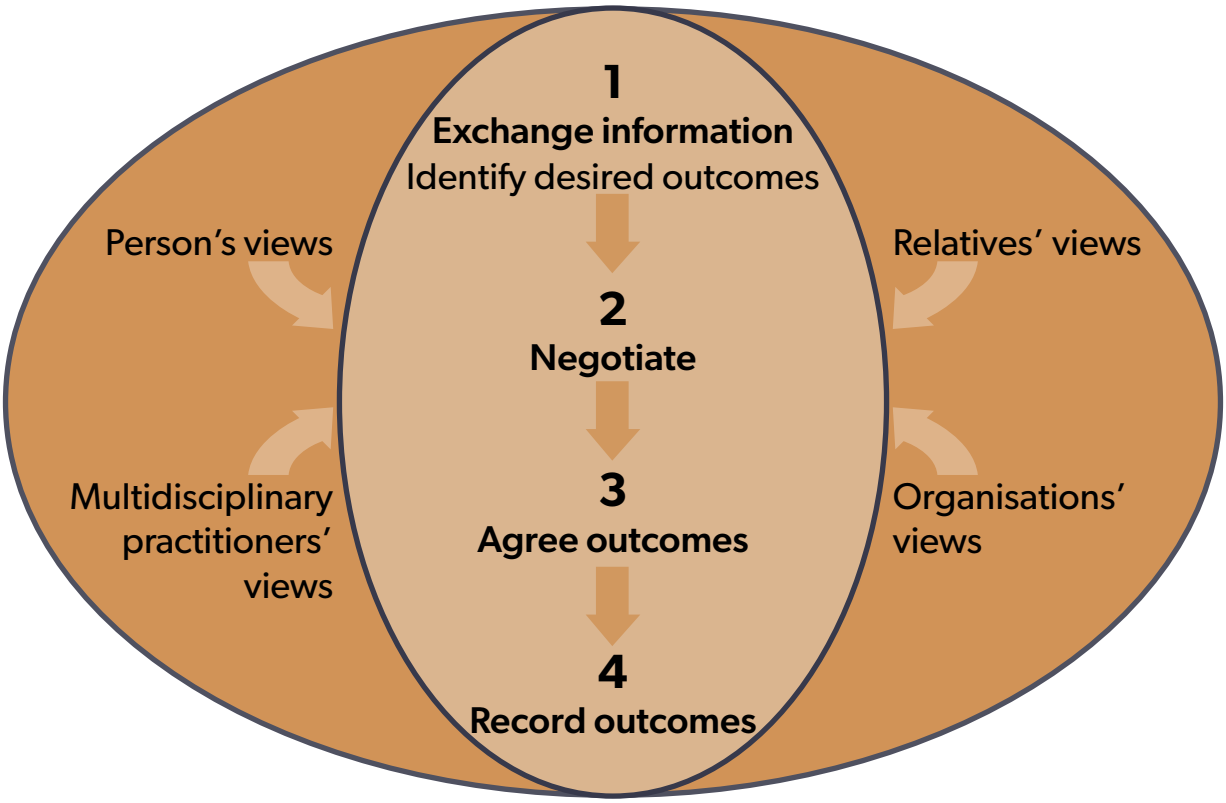
Taking a co-productive approach

11. As well as focusing on what matters, the Social Services and Well-being (Wales) Act 2014 requires a collaborative and co-productive approach to practice and recording.

12. The best intentions can fail when there is misunderstanding about what matters to people or people feel their opinions and priorities have been ignored. One of the main benefits of a co-productive approach to recording personal outcomes is that it helps build a common understanding and language, which creates shared thinking and action.

The best decisions are often those where people recognise and value different opinions. You should consider how different opinions are balanced and recorded and there should be clear evidence of negotiation. You should make sure that personal outcomes are not taken over by the outcomes favoured by the practitioner and the organisation.

13. A good way to understand the importance and value of a co-productive approach to identifying and recording outcomes is the Exchange Model (see image on page 8). This identifies and values different people's views and brings them together to discuss and negotiate personal outcomes. This can be really important when there are different views (for example, from parents and practitioners in child safeguarding).



(Smale & Tuscon 1993, adapted by Miller & Barrie 2016)

Codes of Professional Practice for Social Care Workers and Social Care Employers

The principles of the Social Services and Well-being (Wales) Act 2014 and working in outcomes-focused ways are built into the Code of Professional Practice for Social Care Workers and the Code of Professional Practice for Social Care Employers. The Codes are a list of statements that describe the standards of professional conduct and practice required by those employed in the social care sector in Wales.

The Code of Professional Practice for Social Care Workers tells workers that they must "keep clear and accurate records, using agreed systems and processes". While the Code for Social Care Employers says that employers must "put in place and monitor written policies on confidentiality and record keeping and make sure workers understand their data protection responsibilities."

Mwy na Geiriau / More than just words

Mwy na Geiriau has many principles to make sure that people's Welsh language needs are met. The strategy places a duty on care providers to make sure they have staff with the appropriate language skills to care for Welsh speaking individuals.

The principle of the 'Active Offer' is at the heart of Mwy na Geiriau. Under the Active Offer, providers shouldn't wait for people to ask for their care to be provided through the medium of Welsh. Instead, providers should actively identify the language needs of those needing care and support. The strategy notes that: "If you are a Welsh speaker, being able to use your own language has to be seen as a core component of care and not as an optional extra".

Additional resources: If you want to use, or improve, your use of the Welsh language in your work, take a look at Using Welsh at work on our website. There you'll find resources to support you with providing the Active Offer and Mwy na Geiriau.

Principles for personal outcomes-focused recording

14. The following principles are based on our review of the literature, our consultation events and our engagement with the reference group and other colleagues.

12 principles for effective personal outcomes-focused recording

Make recording personal and accessible:

- Record personal not standardised or organisational outcomes – what really matters to the person in their own words and language
- Recognise and record the different types of outcomes that matter to people
- Build on people's strengths and identify priority risks
- Make it clear and concise – use plain language

Make recording analytical:

- Make recording accurate – distinguish between fact and opinion
- Make recording co-productive – allow for, and include, different views
- Record the why, not just the what and the how – and show the link to the decisions made
- Record what you learn from reflecting on outcomes at review

Make recording 'live' and joined up across organisations:

- Make sure the recording responds to a person's journey – capture their story
- Join up personal outcomes recording across organisations

Make recording inclusive:

- Make recording personal for people with communication difficulties
- Make recording personal across someone's life

Guidance: Practice examples of personal outcomes-focused recording

15. The following examples of recording from different settings (such as social work, rehabilitation, social care provision and community connection) can be used to support people and teams' reflection and discussions.

16. They show how the principles can be used in practice and fall under four headings:

- **make recording personal and accessible**
- **make recording analytical**
- **make recording 'live' and joined up across organisations**
- **make recording inclusive.**

Make recording personal and accessible

Principle 1. Record personal not standardised or organisational outcomes – what really matters to the person in their own words and language

17. Research about recording consistently shows that the wishes, feelings and views of people and families are largely missing from records (Wilkins 2017). There can be a tendency to record professional or organisational outcomes as if they were the person's outcomes. Sometimes practitioners use 'I' in front of an outcome they came up with themselves. This does not make it a personal outcome.

18. An example of recording professional goals rather than personal outcomes is:

Mr Murphy wants to develop symmetrical gait by improving step length or I want to develop symmetrical gait by improving my step length

19. A more likely and genuine personal outcome might be:

Mr Murphy wants to improve his walking so that he can get out to the local shop and chat to neighbours from the village or "I hate being stuck indoors – I want my walking legs back so I can go down the shop and chat with neighbours"

20. This example seems to show the organisation's priorities rather than a personal outcome Archie's identified:

Archie needs to comply with his care plan

21. This is a more likely personal outcome:

Archie really wants to stay in the children's home because he trusts the staff and likes the other children who are all younger than him. He understands that he is going to have to stop drinking which will assist him to manage his anger issues, as stated in his care plan

Record in the person's own words

"Language that is concrete, contextualized and formulated in the words of the client reduces room for interpretation" (Roose et al 2009).

22. Not only does recording in a person's own words make sure what really matters to them is clear, it is also helps others listen, empathise and respond appropriately. This may seem unusual to people who have been trained in the use of so-called 'professional' language.

This is an example of an engaging, first-person narrative from a community support project in Wales:

"I found Nerys – I call her my angel because I would be dead by now if it wasn't for her"

23. Compare this to the more 'detached' statement below. Think about how the statements affect you and how you understand David:

David reported no issues of concern

24. In this case, there have been concerns about the risk of suicide in the past. So, the record should include a note to say that safeguarding concerns have been discussed and dealt with.

25. Outcomes are often recorded in a very general way, such as someone wanting to 'feel safer' or 'healthier'. To make the outcome meaningful, it needs to be written in a way that means something to the person.

What is it about the outcome that matters to the person, and what is it they are hoping for? Ideally the record will help make the person's views clear and provide a basis from which you can make decisions about the best course of action to take.

When Rosa (17) first called us a few months ago, she was extremely anxious and felt very unsafe as a result of domestic abuse. When she was later supported to move into a new flat on her own, she said that she felt a "huge weight coming off my back." However, two weeks later, she phoned back to say she feels unsafe for a different reason. She has never lived on her own before and hasn't met anyone in her block of flats yet. She feels that she needs to know there is someone she can rely on nearby to "stop the anxiety weighing in again".

26. Writing reports involves noting down where a person's views have changed. This example shows how capturing the way Rosa felt about her safety gave us a different story to what we might have expected when she moved away from an abusive home life.

Record in a person's first language

Wales is a bilingual country and language plays an important part in people's care and support. Small things, such as a person being able to talk about themselves in their language of choice can make a big difference.

'Mwy na geiriau' is the Welsh Government's Strategic Framework for the Welsh Language in Health and Social Care. Its aim is to:

- make sure that Welsh speakers' language needs are met
- provide Welsh language services for those who need it
- show that language plays an important part in the quality of care and isn't seen as an "add-on".

This is a proactive approach to language choice and need in Wales. It places the responsibility for making sure Welsh language services are provided on service providers and not on the person who uses care and support.

Both Welsh speakers and non-Welsh speakers have a part to play in providing Welsh language services.

The "Active Offer" is a big part of the 'Mwy na geiriau' framework. This means that services are provided in Welsh without a person having to ask for them. Welsh language services should be as readily available to people using care and support as services in the English language.

Actively offering Welsh language services makes sure people's needs are understood and met, and that those who access care and support services can rely on being treated with dignity and respect.

Principle 2: Recognise and record the different types of outcomes that matter to people

27. The aim of a personal outcomes approach is to make sure people are supported to live the best lives possible by building on their own abilities and strengths. We identify personal outcomes by listening and having good conversations with people about what matters to them.

Good conversations can:

- improve outcomes, such as being listened to and feeling valued
- help reduce anxiety
- create hope
- motivate people to make changes.

28. A big challenge for practitioners who've worked in service-led systems is changing from being a 'fixer' (wanting to solve problems for people) to a 'facilitator' (working alongside people to help them work towards a better life).

29. When policy makers and organisations talk about outcomes, they sometimes assume things need to change and improve. For example, **"being able to cook my own meals so I can move into my own flat" or "getting strong enough to be able to start going to the gym again"**. Change outcomes have a place.

30. But research with people who use care and support (Nicholas et al 2003, Cook and Miller 2012) found the outcomes that matter most are not always about change. For many, keeping things as they are and not going 'downhill' can be what matters most.

Here are two examples of maintenance (or quality of life) outcomes:

- **"It means so much that my mum has reliable home care. It means that I can go to work every morning reassured that she is safe and cared for until I pop in at night"**
- **"Manage my asthma so I can keep playing with my friends in the playground."**

31. People who use care and support also talk about the importance of what we call process outcomes, which are about the way care and support is provided, rather than what is provided. Examples include **"My support worker makes me feel good about myself, like I can do stuff"** and **"My foster parent really listens to me"**.

32. When recording personal outcomes, it's useful to think about change, maintenance and process outcomes (Nicholas et al 2003). You should also encourage people who may be facing a number of challenges to think about what a better life might look like and explore the resources they have to work towards this. This means giving people a chance to find their voice in ways they might not have experienced before.

33. Really listening to people not only helps us understand a person and their situation better, it can also help the person understand themselves. By being thoughtful and interacting with them in a way that makes them feel seen and heard, you can find opportunities for change before you even think about additional interventions.

34. Embedding outcomes over many years has shown that it's not enough to focus on changing the conversation alone. You also have to focus on what's recorded in systems.

We have already set out the benefits of recording. Records also influence the decisions made about people's lives, for example, in case notes, assessments, support plans and/or reviews.

35. Those same records can be collected to find out what is going well and not so well in local areas and in organisations. This information can then be used to shape decision-making.

Principle 3: Build on people's strengths and identify priority risks

36. When working with people in difficult situations, it is easy to focus on the things that are going wrong, rather than the things that are going well.

37. One approach to recording in social work, which is being used in several local authorities across Wales, is Signs of Safety (Munro et al 2016). You can find a review of this approach on the What Works for Children's Social Care website.

38. The Signs of Safety approach to assessment and planning in child safeguarding records:

- what is working well?
- what are we worried about?
  - past harms
  - current concerns
  - complicating factors
- what needs to happen?
  - child views
  - family views
  - practitioner views.

39. Here is an example of how the strengths of a family supported by services in one local authority in Wales have been recorded (not their real name):

Risks present	Strengths in family
Aled can lose control of himself when he gets angry, and this can present a risk to other people	Aled is a brilliant reader and has read some great books. He wants to keep reading good books
If Aled gets angry while in the car, his actions can be a danger to himself (opening the car door) or to others (if his mum is distracted from driving)	Aled likes to listen to music and finds that this helps him relax. Sometimes listening to music before going to bed can help him sleep
When Aled is angry he can say things that are hurtful	Aled really loves his sister and looks after her
In school Aled is usually really good but when he loses his temper his behaviour can result in the school phoning his mum and asking her to collect him	Aled goes to his dad's 2 or 3 times a week and he enjoys going there. (Although visiting schedule is unpredictable as his dad can only give short notice for when Aled can come over)
Aled does not have a 'safe space' to go to and get calm again. He shares his bedroom, so this is not ideal for a safe space	Aled's mum has engaged really well with professional support and has been implementing some of her learning which Aled has been responding well to

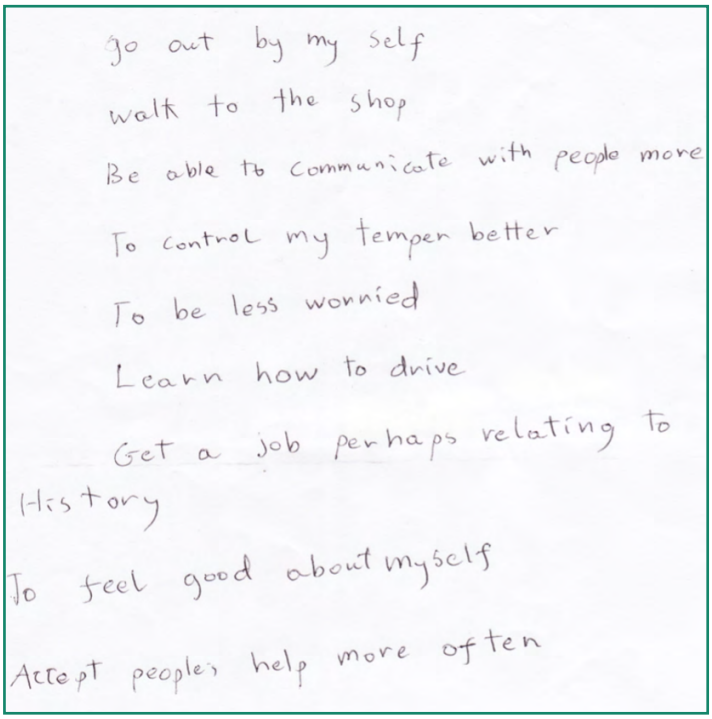
Principle 4: Make recording clear and concise

40. Brief and balanced recording means the work is only as intrusive as it needs to be to help create a clear picture of the person's needs and outcomes. You need enough information to understand the relevant events, circumstances, strengths and priority risks, and the views of the people involved (we call this getting to the heart of the matter). Recording needs to show how all these influences any decisions you make.

Over-recording often happens when there is concern or anxiety about a person's situation and writing every detail can be seen as a way of guarding against future blame. The problem is that over-recording can result in important details being lost (Ames 1999). Care homes have been found to face a particularly high burden of recording:

"We found that regulators and commissioners assume that residents benefit from the completion of paperwork. Yet the indications are that residents, rather than being the beneficiaries of regulatory regimes and their accompanying paperwork, are often at their mercy. Not only is it possible to comply with paperwork while failing to provide good-quality care, responding to regulatory and commissioning requirements can also actively prevent delivery of good care in some instances… The balance between prevention of poor care and promotion of good care appears to be out of kilter. Care homes spend an inordinate amount of time attempting to cover themselves for fear of potential blame or litigation for poor care". (Warmington et al 2014, p31)

41. This support plan was written by a school leaver with autism who was struggling and had got stuck. His worker explained outcomes to him. Oliver wrote down what was important to him, and he wrote his own plan in 46 words:



Go out by my self

Walk to the shop

Be able to communicate with people more

To control my temper better

To be less worried

Learn how to drive

Get a job perhaps relating to History

To feel good about myself

Accept people's help more often

42. You may be wondering what support Oliver has to make sure he is safe and supported. You can find an exercise to help your team reflect on Oliver's plan and focus on what matters in the Exercises section.

Make recording analytical

Analysis is at the heart of case recording and how it relates to the decisions that are made to support people to achieve their personal outcomes. We have talked about the importance of identifying priority risks in Principle 3. You also need to understand the importance of engaging with and analysing these risks when taking a personal outcomes approach to practice and recording.

Before we take a look at the principles of analytical recording, we suggest you look at some of the principles about balancing rights, risks and responsibilities. This guidance was developed for adult services, but the principles are also suitable for children and family services: see Appendix 2.

Principle 5: Make recording accurate – distinguish between fact and opinion

43. All the information in case recording needs to be accurate, with a clear difference between facts and opinions. Adding different people's opinions is not a big issue.

Good records might have facts and opinions, but you should be able to see a clear difference between the two. It's okay to include the impressions gained during a meeting, but if you don't identify between opinion and fact, it can make your records seem less credible.

44. For example, the statement **"Peter did not want to engage with me"** comes across as an opinion. A little more detail might help strengthen the statement: **"Peter avoided eye contact with me during the meeting and provided very short answers to my questions."**

It may be that Peter does not want to engage with the person writing this record, or it may that Peter is autistic and finds this type of interview challenging. Or something else may be going on with Peter.

Principle 6: Make recording co-productive – allow for, and include, different perspectives

45. Having an ethical working relationship with people who use care and support on a 'not-by-choice' basis means we need to understand their thoughts and wishes, and we need to include their views in analysis and when we make decisions.

Made my second home visit to Mark and Lisa since the health visitor phoned expressing concern about their misuse of alcohol and diazepam, and the impact on Holly (aged 1). Holly herself appeared to be in good health and was playing with Duplo before falling asleep in her mum's lap during the visit. Once Holly was in her cot, Mark said "that they were both exhausted as a result of the first visit, and that all they wanted was to get us (health and social work services) out of their lives". Mark seemed surprised when I confirmed that this was a positive goal and that we could work towards this as the local authority didn't wish to be involved in the family's life for longer than needed. He cautiously agreed that we could maybe start from there as an outcome we could all work towards, alongside the need to make sure Holly is safe and well.

46. Working with families or individuals in this way can sometimes make professionals feel defensive, as they expect different views and perhaps conflict. Every situation is different, but honesty is often appreciated, as many families want to know where they stand.

Having trust to recognise strengths, identify areas for development, and tackle secrecy and denial is important when working with families where there is parental substance misuse:

Establishing a trusting relationship with the family is critical to being able to work with them towards outcomes that will be truly helpful rather than outcomes based on what the parent believes is safe to admit to needing help with (Collins 2011).

47. It can be a challenge but finding common ground or shared outcomes between those with different opinions can allow a relationship to develop.

With children and family work, it is important to remain child-centred and focus on supporting parents to achieve good outcomes for their children. This could include reducing the impact of the parents' substance misuse on the child or reducing their need to misuse substances by improving their ability to cope with challenging situations as a parent (Collins 2011).

While the parent's personal outcome may be positive, safeguarding is still a concern for the child. For example, the parent may say they've reduced their daily use of cannabis. But there may still be safeguarding issues if the child is very young and/or has additional needs and relies on that parent to take care of them.

48. The same applies when working with adults. When working with people, it's useful be clear with them from the beginning that we want to enable and support them to manage their own lives as much as possible.

Different points of view will often come up when discussing complex life challenges. Instead of thinking about how to avoid opening 'a can of worms' about differences of opinion, think about

opening the 'can of life' and being able to talk about some of the difficulties. Mediation skills can be really useful here.

Making sure everyone has a chance to be heard can help you develop a shared understanding of a situation and the possibility of finding a way to move forward. Being open and honest about how differences are recorded, and including safeguarding concerns, can be helpful in making the issues become clear for those involved. Thoughtful use of recording can help with discussions.

Principle 7: Record the why, not just the what and how – show the link to any decisions you make

49. Focusing on what matters to people means decisions and actions are led by the person's priorities, rather than assumptions about what might fix the situation. Once this is understood, everyone can agree how to work together towards the outcomes.

50. Although what matters conversations are happening more often now, plans are often still a list of service solutions. Taking a step back to answer the question 'why' makes the difference. So rather than recording this as an outcome:

Referral to dementia café made for Sarah

51. You could write:

Sarah wants to meet new people in a place where she won't be embarrassed by her memory issues.

52. Knowing what's important to Sarah supports better decision-making. It means you can look into other options if the first option is unavailable. It also means you can check the progress (is the outcome improving?), while also looking at new or different outcomes.

Rick referred to peer support group

53. You could write:

Rick told us that he feels very isolated at school and struggles to work out how to communicate with others. He and his mum have both said that he could benefit from meeting other teenagers with autism and being able to talk about some of his challenges while also having 'a bit of fun'. We have therefore made a referral to the peer support group after the first meeting Rick's mum phoned to say Rick 'loved every minute'.

Many people use or read case recordings. Courts, for example, like to see details of the services involved. This can be recorded at the same time as the personal outcomes, so the recording includes the 'what' and 'how' of any intervention, as well as the reasons 'why' this decision was made. For example:

Pete now attends a twice weekly peer support group run by the Newstart agency to manage his alcohol addiction as he wants to:" hold my head up again in this community."

Valuing the personal outcomes-focused conversation in the record

54. Feedback from different organisations suggests practitioners still focus on outputs or referrals to services in case records and support plans. Skilled conversations are not always given the credit they deserve for the way in which they contribute towards good outcomes for people. Building a trusting relationship is the first step towards supporting someone to identify what matters to them in their life.

55. The following example is from the records of a carer support organisation. It explains the first contact with the father of a child with autism. The support worker sums up the reason the carer has called the service. The quote from the carer helps bring the notes to life and shows how the carer feels. Given this situation, the support worker feels a more in-depth conversation is the important next step to finding out what matters to the family.

Situation: The carer is concerned that his wife and son who is still at school, are both socially isolated and all three of them would potentially like to connect with other families who have a child with autism.

Carer words: "I would like to know how you can help us as we have no support at the moment"

Intervention: A planned what matters conversation (after 4pm) to work with the family to find out what their outcomes are

56. In this example, a social worker has noted the outcomes of a conversation with a mother in a family where there's recently been a lot of service involvement due to the oldest son's gang related activity:

As arranged, I briefly visited Karen this week while her sons were at school. Following the series of incidents before my visit last week she had been very distressed, especially about Leo being held overnight at the police station. Karen commented that the conversation we had had got her thinking and she wanted to talk more about the future. She said it was the first time she remembers anyone asking her what she wanted from her life. We agreed that I would return two days later when we would have a bit longer to talk, both about her life and the need to manage the challenges the children have been facing. She already seemed a lot calmer and knows that she can phone the office if required.

57. This example shows the social worker has identified the mother's priorities and that acknowledging them has already made a difference to Karen. She explained she has also clarified the need to think about and assess Karen and the children's outcomes, and that they have agreed the focus of the on-going conversation. It balances continuing the safeguarding role and focusing on outcomes. She records the next step and how this fits with the outcomes.

Moving from description to analysis in outcomes-focused recording

58. Recording brings together the information gathering and conversations that take place in social care practice, and the decisions about if and how services are involved in people's lives. Good decision-making requires professionals to understand all the available information so they can draw conclusions and make recommendations.

We have already identified that practitioners can feel pressure to record the details of all the activity going on. This is descriptive recording. You should also be including analysis in your recording.

59. According to the Department for Education (2015), analysis involves:

- showing the clear difference between facts and opinion
- using multiple theories of context
- using your own gut feeling and logical ways of thinking
- talking about the reasons for findings and decisions.

60. Research in Practice for Adults (RIPfA) developed a useful resource to support analytical recording some years ago. It features what they call 'anchor principles' to help with analytical assessment in social services. We have added strengths, priority risks and outcomes to them.

61. The anchor principles for analytical assessment (Adapted from Brown et al 2002) are:

- what is the assessment for?
- what is the story?
- what does the story mean?
- what are the strengths?
- what are the priority risks?
- what are the intended outcomes?
- what needs to happen?
- how will we know we are making progress?

62. You must also show the steps in the thinking behind your recommendations or decisions. The lack of analysis can be due to a number of reasons, including high caseloads. But if analysis is included in the case recordings, it strengthens decision making in all areas.

Showing your working in personal outcomes-focused recording

63. In analytical recording, practitioners must show how they moved from the set of facts, information, evidence and opinions to their findings and decisions. We call this 'showing your working'. It's similar to how you had to show your working in maths lessons at school.

64. It is never enough to simply list a set of facts. Description without analysis makes it hard to understand how and why some important decisions have been made. You must ask questions about what all the information means. There is understanding involved and that is the working you need to spell out.

Which parts can you clearly evidence, and which are more uncertain (think back to fact and opinions)? And how does this inform the decisions and professional judgements you've made?

Show your working out; from maths to case recording

interviews
case files
observations
research evidence
theories

hunches
discussion with colleagues/manager
judgements
recommendations

65. The analysis behind the decision-making easily gets lost in recording, especially when decisions must be made quickly. Recording and records give you an opportunity to:

- assess what is needed
- monitor progress
- evaluate the success of interventions
- identify patterns that may not immediately be clear.

Iriss (2020) recommends that recording should show the reasons behind decisions not to take action, as well as explain the decisions to act.

Showing that alternatives were weighed up and analysed makes the risk assessment process clear but also documents why other options were not taken forward. This can be helpful for future readers as well as for other services. e.g. explaining why it was not possible for a young person to be taken into kinship care even though his aunt lives nearby, and why instead he was accommodated in a Children's House.

- **Why 1: Why was this decision made?**
  (stating the reasoning behind the decision, e.g. in order to achieve or work towards specific outcomes)
- **Why 2: Why were alternative courses of action not possible? (Iriss 2020)**

Principle 8: Record what you learn from reflecting on outcomes at review

66. Life can change, and plans don't always work the way we want them to. What matters to people can also change and sometimes outcomes are different from the ones we were expecting. Reviews should be open and exploratory, rather than closed and focused on the originally agreed, pre-planned outcomes.

67. A big part of a review is to look at the progress made towards achieving the outcomes in the plan – not just the number of services and interventions involved. It's possible other outcomes (negative or positive) have emerged. For example, a person may feel more confident and better able to cope than before because they made a new friend through a volunteering scheme.

68. Other things to think about include if the outcomes have changed. This may mean you need to make changes to a review of the plan. Or it could be that the outcomes are being achieved, but a new health issue has developed, and you need to have a conversation to avoid the health issue getting worse.

Focusing on outcomes in reviews helps you make decisions about if and what support is needed. In the Exercises section, you can see a carer reflect on his situation and what he would have wanted if a carer support plan had been offered to him.

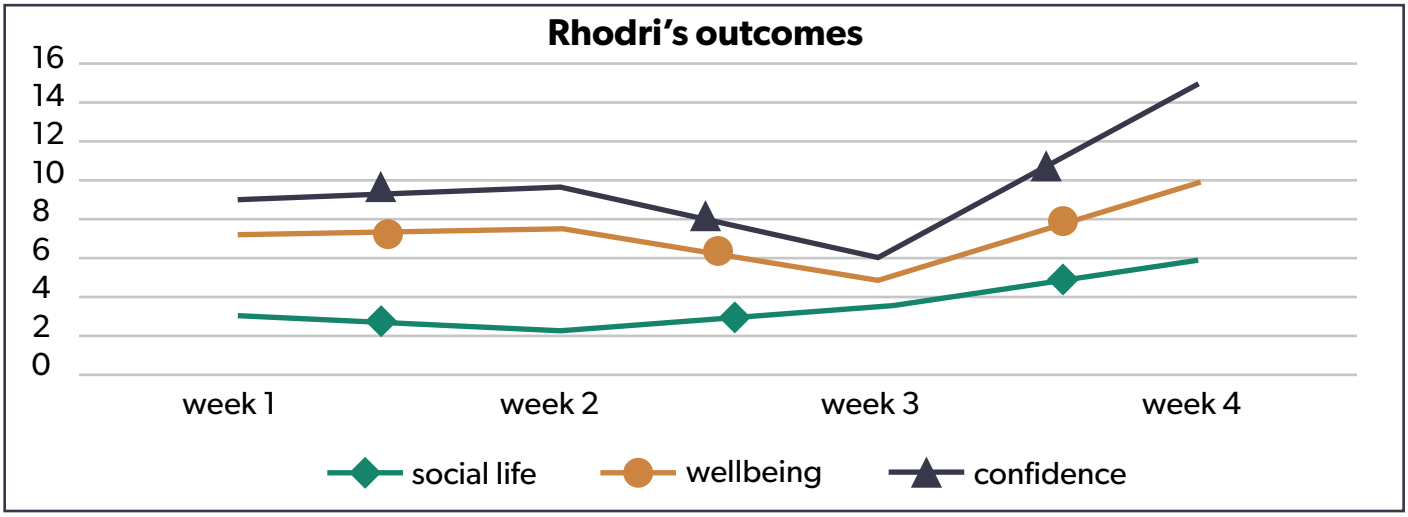
Make recording 'live' and joined up across organisations

Principle 9: Make sure the recording responds to a person's journey – capture their story

69. The idea that a specific intervention leads directly and only to a specific outcome can be a challenge with outcomes. Many issues can change people's health, well-being and quality of life outcomes over time. It can be helpful to think about what things influence outcomes and the role of different people's involvement over time. While those involved may vary, including those linked to professional outcomes, the personal outcome belongs to that person.

Here's an example of what matters most to Rhodri:

Confidence to walk outdoors again and be able to spend time with pals after being seriously injured in a car accident



70. Recording the journey towards the outcome:

During the first 'what matters' conversation with the social worker, it became clear that building his confidence to get outdoors was what mattered most to Rhodri (17). He said his confidence was very low, because he was afraid of being injured again: **"the walls are closing in on me and it's getting me down"**.

Rhodri wants to get back out and see his friends in their usual places. He's also happy to think about different options and to work with services to help him feel more confident and get better.

71. Rhodri's confidence is still low when the physio visits a week later to look at strengthening exercises. The social worker has mentioned what matters to Rhodri in her conversation with the physiotherapist and the physio talks to him about the plan to get out and about during her visit and when planning his exercises. Rhodri says he **"has a bit of hope"** after the visit and is willing to put the work in.

72. Two weeks later when the physio returns, Rhodri says his confidence has improved and he has put a lot of work into feeling safe enough to walk in the shared garden outside the family home.

73. A week later Rhodri's confidence is knocked after he picks up flu symptoms that turn into a chest infection. It delays his progress and leaves him "**feeling down in the dumps again**".

74. After taking antibiotics, Rhodri recovers from the infection and although his mood has picked up, his confidence in walking has fallen again. He asks the social worker if the physio can visit again as

the previous visit made him feel **"safe enough to step out the door"**. His confidence starts to pick up again, as he is well enough to go into the garden for the first time in two weeks.

75. This example shows the risks of relying solely on approaches that use 'distance travelled' tools such as an outcomes star. It also shows the risks of linking progress to one person or intervention.

76. In the Exercises section, you can find an exercise based on Rhodri to help you think about how to keep the focus on personal outcomes across the system.

77. Another way to make sure you keep the recording of outcomes 'live' and changing over time is to use real-time apps, particularly those that allow the involvement of practitioners and the people they are supporting.

78. When it comes to recording stories, social media apps can be used to capture our lives in words and pictures, creating a rich record of what is important to us. Our friends can see these stories, adding their own comments and encouragement. This type of technology has great potential for recording outcomes, too.

Circles of support (including friends, family and practitioners) can also comment on these achievements and help you evidence the value and impact of the support provided. The process is 'live' and does not rely on people to share information on paper. You can find an example of this technology in practice here.

79. This system was first tested by Learning Disability Services as part of the North Wales Transformation Programme in 2020. It's now also been tested by Woodlands Ltd, which runs a number of therapeutic children's homes in north Wales.

80. A similar app has been created by James Dovey, a person who has lived experience of the care system. By using his own experience and working with social workers in Carmarthenshire, he has developed a shared approach to care and support planning and recording that works for everyone. You can find more information about it here.

Recognise that maintenance can be positive

81. The idea that people will always improve by their involvement with health and social care services is another challenge for outcomes. This focus on positive change is not always possible. Many health conditions, for example, may get worse over time.

In this example, maintaining aspects of her quality of life is an important achievement for Caitlin:

Caitlin was struggling with the fact that she would not been able to attend her support group due to recent flare-ups of her condition. Since she told the other group members about this through the WhatsApp group, they have agreed to hold weekly meetings through the app, and she is relieved that she will be able to stay in touch with them all. She counts the group members as friends and staying in touch with them when she is ill helps her wellbeing.

Contingency planning – putting people's wishes and preferences at the heart of decision making when their circumstances change

To keep care and support planning live and 'in the moment', you need to take account of the fact that people's circumstances can change suddenly (for example, because of the sudden ill-health of a parent or carer) or more gradually (for example, because of a decline in mental capacity due to dementia).

When people's circumstances change – especially during a crisis – there's a danger their wishes and preferences may be overlooked in the rush to find a quick solution. For example, a knee-jerk response to a children and family crisis might be to 'seek legal advice' rather than ask 'what might work best for the child and family?'.

This is why personalised contingency planning is so important.

With children and family services, personalised contingency planning can have multiple benefits. Involving the child, their parents and their wider support networks in drawing up 'what if' scenarios will make them feel valued and listened to, as well as potentially avoiding the need to go to court or seek legal advice. You can read more about this here.

With adult services, advance directives clearly written in the first person can make sure that 'best interest' decisions are firmly grounded in what matters most to the person and not just what matters for the person. You can find a free online resource to help people write personalised advance directives here.

Principle 10: Join up personal outcomes recording across organisations

82. Under the Social Services and Well-being (Wales) Act 2014, practitioners must work to the National Outcomes Framework (NOF) when assessing and commissioning. While the framework intends to put the person at the centre of decision making across the system, there's a danger that what matters to the person gets lost in generic outcome statements, such as **"I want to feel safe"**. It also requires that busy systems make a conscious effort to keep seeing the person as a person rather than as a condition or label that can come to define them.

The Children's Commissioning Consortium Cymru has overcome this by personalising the NOF and supporting the recording of outcomes from the first assessment to commissioning and service provision.

This foster carers' story shows the personal outcomes recording that helps them select and work with the children they support:

"For me, the first thing I would like to read on a form is a fair representation of the child, the good, bad and the ugly. Let's start with the good. Let's start by humanising the child that we are asked to join our family. What do they like doing? What makes them laugh? What makes them smile? What is important to them? What do they care most about? What do they like doing?

"I was once sent a referral form regarding a child who had been living in a residential school for 18 months. Not a foster carer in the country would agree to take this boy due to the complexity of his behavioural issues. It was no surprise reading the referral, it read like a summary of hopelessness. We were ready to say 'no', until we saw a drawing that had recently been included in his file that he did in school. At the top of the picture was the heading 'In my dreams?' The child had drawn himself, standing with a man and a woman and a dog, in front of a house with the word 'home' written on the door. This picture spoke a thousand words – we said, 'yes' straight away".

83. The commissioning and provision of personal outcomes-focused home care is an important example of the work across organisations in adult services. Home care is often commissioned on a time and task basis (for example, 30 minutes to shower and dress someone). This can restrict responsive and creative home care, which might otherwise achieve a wider range of outcomes for the people they support.

One home care manager involved in this work said:

"I believe our success is that we don't try to translate a few words issued on forms by a social worker. We hold a tripartite meeting involving the social worker, the provider and the person. It is one of the most important and vital aspects of our work and results in positive outcomes. We collectively have to "hear" and "see" the person describe their wishes and that's what we can make into a plan. Very often it's the subtleties we pick up on which make all the difference"

An example of this is:

Outcome recorded by social worker: Doreen has enjoyable and nutritious lunchtime experiences.

Responsive recording by home carer: Today, Doreen enjoyed lunch with two other service users at a special event organised by the local church – we all had a fabulous time and Doreen met someone who is 20 years older who used to be her babysitter when she was a child. It made her day. (The home carer combined time allocated to these three people into one cost-neutral 'trip out' for all three).

Make recording inclusive

Principle 11: Make recording personal for people with communication difficulties

84. Conversations and direct work with a person is the best way to collect information about their likes, dislikes and goals. Family, friends and people who know the person can provide important information as well. People often find it difficult to say what is important to them and different approaches might be needed.

Although very young children and those without verbal communication cannot talk about their feelings, recording observations is still very important. This example was shared with us by a support worker for teenagers with learning disabilities:

"I remember an example where a key outcome for a young person was not recorded, with potentially serious consequences. I was working with a teenage boy with learning disabilities who was admitted to a residential home I was working in. He seemed to be settling in in some ways, but there were incidents in the first week where he became very agitated and had twice assaulted members of staff. I noticed that it was when he was outdoors that things were going wrong. I asked him about what had happened, and he took me straight to his toy car collection and lifted one to show me. From that day, we never left the home without a car, and he started to settle in much better. We recorded the following in his personal profile:

"Nick enjoys going to the market, to walks around train stations and to the LGBT centre. To be able to relax, feel safe and enjoy these outings, Nick must have one of his toy cars with him."

85. The following example shows the outcomes recorded for an older man with dementia who has limited verbal communication. In this case, care home staff used information given by the family carer to help them get to know the new resident. The staff saw changes in the man's response to music, which was different to how the carer described his father's personality. The change is supported by research that shows dementia can cause positive changes in a person's abilities, likes and character.

"Michael told us that before his father's dementia developed, Hugh had always been passionate about classical music. He had stopped listening to music in the months before he joined us here six weeks ago. We started tuning Hugh's radio to Radio 3 and sometimes he listens closely to the music between mealtimes and activities, usually appearing more relaxed at these times. We recorded 'Hugh enjoys listening to classical music and this usually makes him feel more relaxed'.

"Michael told us that his father was always a very shy man who had never been a 'joiner'. Because Hugh was enjoying Radio 3, we started playing classical music in the lounge on a Sunday, Hugh has come into the lounge more and has shown a more outgoing side to himself. The last two Sundays he has stood up and moved as if conducting the music. Through this he seems to be connecting with two other male residents who now want to sit next to Hugh and enjoy the music with him. We recorded 'Hugh has become more outgoing in the company of others in response to classical music, leading to connections with other residents'.

"We spoke to Michael one evening after he had visited his dad. Michael was delighted to hear about his father enjoying music in this way. He was struggling to hold back tears when he told us that he had been very anxious and had felt quite guilty about his dad moving into a care home. We recorded 'Michael is very relieved that his father has settled so well here. He appreciated that we listened to his views about his dad's care and his interest in music, and that we acted on that. He felt even more reassured that we paid attention to his dad, noticing and responding to his interaction with the music and other residents'."

86. The Council on Quality and Leadership (2017) recommends always including the person in the conversation, even if the main information is provided by someone else. When you're trying to engage someone in conversation, start with a topic that is familiar to them as it will help put them at ease.

It may help if you ask the person for ideas about where to start. Letting them know the kind of things you want to discuss and asking what's important to them can help. If the person doesn't make a choice, you should watch their body language to see if they are comfortable. For more significant communication support needs, observation is essential. Talking Mats is a tool that doesn't rely on verbal responses.

87. Helen Sanderson Associates (2015) has produced resources to help with doing daily records differently. Day centre staff had told her about the half hour they spent at the end of each day doing progress notes, which were written 'in case of' complaints or inspection. She worked with them to change the records into learning and communication logs. They agreed to review the logs every six to eight weeks to look at the learning and to update the person's one-page profile.

Here's an extract from the learning logs and the information from the one-page profile:

Date and time	What did the person do? (what, where when, how long, etc.)	Who was there? (names of staff, friends, others, etc.)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What did the person not like about the activity?What needs to be different?
10th June 11:00am - 11:30pm	Mary went to the park	Karen (staff member) and Mary	Dry, bright day; warm but not too hot. Mary smiled as soon as the fresh air hit her face. She hummed as I pushed her chair	Had to come back before getting ice cream. Mary began to groan after about 10 minutes – her arm was becoming red as it was falling by her side and rubbing against the chair when moving. Need to ask OT to provide extra cushioning for comfort before we go out again
29th June 10.30am - 11:15am	Mary went to the park and had an ice cream tub	Karen and Mary	Warm day. The cushioning for Mary's chair protected her arm and she was comfy. Mary hummed again and seemed to tilt her head and really listen to the birds singing. Mary seemed to focus on watching children playing with a ball. Her head was moving from side to side as she followed the ball.	The ice cream made Mary jump – too cold! Try a fruit smoothie next time. Mary froze when a dog came near us – avoid dogs next time! Crown Green Bowling Club play match game every Monday –go on a Monday next time

What is important to Mary:
To feel warm fresh air on her face
To be comfortable in her wheelchair
To be outdoors and listen to birds sing
To watch children play

How best to support Mary:
Know that Mary may be afraid of strange dogs – avoid them
Always ensure the protective cushioning on Mary's wheelchair is in the correct position, so reducing the risk of her being uncomfortable or chaffing her skin

88. Many staff have information about the people they work with in their heads. Often this is not recorded. Yet this information about Mary is valuable in supporting her outcomes.

89. You can use similar principles when working with children. Observations can be very informative when a child can't communicate verbally, while taking into account their age and stage of development. Non-verbal communication can also add valuable information where a child can and does talk. You could easily change the template above and use it when you work with children.

Category/concept table

Principle 12: Make recording personal across the life course

90. The examples in this guidance are for children and adults. It is important to recognise that a personal outcomes approach is for everyone – from cradle to grave. This can sometimes be forgotten towards the end of life, when there are still opportunities for outcomes-focused practice. This is shown in the hospice movement and summed up by Cecily Saunders, the founder of the movement:

"You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

Hope can still be a part of end of life and people often want to keep doing things for themselves and set goals to maintain their quality of life. Research has found that in a hospice, professional priorities and goals around illness can mean that what matters to people is missed. What matters needs to be part of the process, listening to what people want to achieve and what they can do to make life more meaningful. People can change their goals and the ways of achieving them as illness develops (Boa et al 2019).

Despite her advancing cancer, Helen wants to continue to walk to the river every day with her partner and her daughter Rhian, as long as this is possible, where she always looks out for the heron which she sees as a good omen for her family.

91. Helen is finding walking more tiring due to her cancer and she knows that walking will not be possible much longer. She has found meaning in these walks and her family plans to take her to the river in the car when walking is not an option. They have also framed a photograph of the heron for when Helen can't get to the river. This helps the family support Helen and accept her condition.

92. Even at the end of life, outcomes are relevant and important. People may want to describe at what stage they want to remain independent, managing their self-care, and have peace of mind by organising their finances and will-making (Boa et al 2019).

Support and supervision and exercises for staff development

93. Feedback from our consultation events and stakeholders shows the importance of on-going support for staff, as well as written guidance, to build and keep consistent, good quality, outcome-focused recording. This includes organisations committing to focusing on what matters to people, as well as the other things they must do. Work culture, systems and processes need to be outcomes-focused to help practitioners focus on outcomes in recording.

94. We're going to focus on the role of outcome-focused supervision now, before moving on to set out some reflective exercises that can be used by professionals or teams to support persona outcomes-focused recording.

Personal outcomes-focused supervision

> **"The primary characteristic of outcome focussed supervision is maintaining a focus on the intended results of the work, and to use this focus as a way of structuring supervision. Associated with the outcomes are activities that the supervisee, [the] person and others carry out as part of the plan"** (Bucknell 2006, p44).

95. Outcomes-focused supervision should model strengths-based and personal outcomes-focused conversations. You should also use the recording you want to see in practice in supervision records. You can use the records to help build strong reflective and ethical practice that promotes good outcomes. This should include thinking about if the plan is being achieved. There are conflicting pressures on recording, and they can be seen in supervision records and in recording practice.

Some limitations of current supervision recording practice

96. Supervision is an important part of practice in social work, rehabilitation and social care for practitioners at all levels in an organisation. It should provide a safe space for reflection and for developing skills. Supervision should focus on the outcomes for the person using care and support, and the practitioner (Kettle 2015).

97. Research in Wales by Wilkins about recording work with families shows limitations in social work supervision recordings. The research suggests you can find similar tensions in supervision records as in practice records, because different audiences are involved.

Wilkins et al (2018) found that managers think about Ofsted inspectors and senior managers when writing supervision records because they're the people who are most likely to read the records in the short term. They tended to focus on recording information about how a process was followed and noting where actions had been agreed and completed.

98. The research found that supervisors often used descriptive and formulaic recording that focused on the actions that needed to be taken or completed (Wilkins, 2017) and there needed to be more routine reflection and analysis. The records also tended to avoid uncertainty, even if it was discussed in supervision (Wilkins et al, 2018).

Supporting effective recording in supervision

99. There are resources and research to help you understand what may work in outcomes-focused supervision and you can find links to them in the resources section. This discussion framework may help you structure your outcomes-focused supervision:

- what are we working towards (outcome)?
- what is working well (strengths)?
- what are we worried about (priority risks)?
- what needs to happen (what options are we exploring)?
- where are we now (what has been the progress so far)?
- where do we want to be (what are the next steps)?
  (Heart of the Matter Model: Social Care Wales)

100. Supervision is an opportunity to analyse case records together, agree how to analyse, interpret and act on data, and identify if you need more information. The important things to record will depend on the outcomes for the family and especially the child(ren) involved.

It's important to check actions have been completed to avoid cases going in the wrong direction and this is especially important in cases involving long-term child protection and children who are looked after. But it's vital to make sure supervision is more than just a checklist of actions. It must involve a deeper analysis of the person and the family's situation to make sure you have a strong plan in place, and it is followed.

Exercises for reflective practice on an individual or team basis

101. There's one exercise for each of the four sub-sections in this guide. The examples in the first three exercises aim to support practice and are based on real people. They're all different in their own way and have been included to help you think differently about recording. Exercise four should be based on an example from your own practice experience.

102. These exercises are a starting point. Teams should continue to explore recording and bring their own examples from practice to encourage on-going and positive group reflections and feedback. This will help every team build consistent outcomes-focused recording.

Exercise 1: Make recording personal and accessible

What you'll need: You should share Oliver's plan from page 16 and this brief with your team:

103. Oliver wrote his own plan. He was not worried about the needs of different people in the way that practitioners often are. By thinking about what really matters from Oliver's point of view, we can start thinking about outcome-focused recording from a different place. As an individual or team, think about:

- what do you know about Oliver and his priorities from reading his plan?
- what else do you want to know to move things forward?
- what difference do you think it makes having Oliver's plan in his own words?
- what gets in the way of recording like this?
- is there anything here you could use in your recording to keep it concise but meaningful?

Exercise 2: Making recording analytical

What you'll need: Background information, Kevin's plan and questions:

104. Background information: Kevin is a qualified nurse in his early 50s. He is looking back at his own caring journey when his partner Ella was diagnosed with terminal melanoma. He worked with professionals to provide hospital care at home, before Ella moved to a hospice. The couple had a 12-year-old daughter Carrie. Kevin didn't think of himself as a carer and didn't know about carer

support or carer support plans. Looking back, he thinks about what his outcomes might have been.

This is an interesting exercise to think about, as a lot of what Kevin describes is with the benefit of hindsight. Although written from an adult carer perspective, there is a child involved and Kevin recognises that his daughter was also a young carer at this time. From a child's perspective, you might want to think about outcomes for Carrie, too, and if she might need support in her own right.

Looking back: Kevin's ideal support plan

Outcome	What would have helped?
Seeing myself as a carer so I can let others help me and find the support I need	I would definitely identify as a carer sooner, knowing what I do now. I made things hard on myself by not letting people in to help me until quite late on. I also now understand that doors can open to information, advice and support, if you know where to find it.
Feeling better informed about melanoma, especially at the diagnosis stage	The diagnosis stage can be unbearable. I went down unhelpful routes through reading distressing stories online. I am more aware now about using well informed websites and I would ask the professionals involved to help with this.
Being more able to adapt to rapidly changing family dynamics	I needed a link to an identified professional to reassure me that I was doing ok and to help me prioritise the complexities of such a rapidly changing caring situation.
Knowing and feeling confident that I was doing the right thing for my child	Looking back, I think I did quite a good job of this but it didn't feel like it at the time. A few encouraging words from a professional would have helped. My daughter was a young carer herself, while her mum was dying. I would seek out support for her in this role too.
Being supported to manage anxiety about not being able to make ends meet and stay afloat	Money management was not my strong point then, as my partner managed the finances. A conversation with a money advisor could have helped me forsee some of the additional costs, and to plan for life as a single parent with one income. Help with transport to the hospice would have made a big differene, as I don't drive.
Understanding and thinking through the importance of being connected to diverse community resources	After Ella died, I was at serious risk of cutting myself off. As Carrie's only parent I was forced to engage with services like the school and the GP, and clubs like the scouts and dance classes. Looking back, those connections were good for me, as well as for Carrie. Other parents checked in on me, and made sure I had lifts if there was a dance show on and so on. I don't think I realised at the time how important that was.

Taken from personal outcomes planning resource.

Questions

- What do you think are the main priorities for Kevin?
- Can you see links between Kevin's different outcomes?
- How do events in the family's journey link to the outcomes identified by Kevin?
- What might a personal outcomes-focused support plan look like for Kevin after a carer's assessment?
- What might a young carer support plan look like for Carrie (12)?
- In your own life, do you have experience of caring. If so, do any of Kevin's outcomes stand out for you?

Exercise 3: Make recording 'live' and joined up across organisations

What you'll need: Rhodri's outcomes from page 22x and the questions below:

105. As an individual or team, think about these questions in relation to Rhodri's plan:

- what do you notice about Rhodri's outcome and what seems to be making a difference?
- can you think of similar situations in your area of work?
- how can we avoid the ups and downs in progress (normality) being viewed as failure?
- how important do you think it is to look beyond the measures to understand outcomes?

Exercise 4: Make recording inclusive

106. This exercise is different to the previous ones. As an individual or team, think about an example from your own work with people who can't verbally communicate their outcomes. The example should include working to find out the outcomes for the people involved.

Once you've chosen an example, think through or discuss the following questions:

- thinking about the people involved (person/child, family, practitioner(s)), whose views were best represented?
- could you have done more to capture and record the person's view, and if so, what would have helped?
- were there differences of opinion and was it possible to record them? If not, what was getting in the way, and could there be a way of recording the differences sensitively?
- can recording be a helpful process to work to resolve, or at least acknowledge and work through, differences?
- what else needs to happen in your team or organisation to support recording?

Additional resources

- Personal outcomes collaboration
- Social Care Wales – Embedding the outcomes approach

References

Ames, N. (1999) Social Work Recording, *Journal of Social Work Education*, 35:2, 227-237, DOI: 10.1080/10437797.1999.10778962

Ballatt, J., Campling, P. and Maloney, C. (2020) *Intelligent Kindness: Rehabilitating the Welfare State 2nd Edition*, Cambridge: Cambridge University Press

Boa, S., Duncan, E., Haraldsdottir, E. and Wyke, S. ((2019): Mind the gap: Patients' experiences and perceptions of goal setting in palliative care, *Progress in Palliative Care*, DOI: 10.1080/09699260.2019.1672131

Brown, L., Moore, S. and Turney, D. (2012) *Analysis and Critical Thinking in Assessment*. Resource pack – core publication. Dartington: research in practice

Bucknell, D. (2006). *Outcome focused supervision*. In HL Reid & J. Westergaard (Eds.), Providing support and supervision: An introduction for professionals working with young people (pp41-56). Oxon, UK: Routledge

Collins, E. (2011) *Leading for outcomes: Parental substance misuse*, Iriss: Glasgow

Cook, A. and Miller, E. (2012) *Talking Points Personal Outcomes Approach*, Joint Improvement Team: Edinburgh

Davies, R. and Dart, J. (2005) *Most Significant Change technique*, available at mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf

Department. for Education (2015) *Working together to safeguard children*, DfE: London

Kettle, M. (2015) *Achieving effective supervision*, Iriss: Glasgow

Hitchin, S. (2018) *Language Integrity: Supporting Students to Demonstrate Social Work Values through Word Choice*, the Scottish Organisation for Practice Teaching, www.scopt.co.uk/archives/4966

Iriss (forthcoming) *Recording practice tool*, Iriss: Glasgow

Emlyn-Jones, Rhoda, *Achieving Sustainable Change* Ltd.

Miller, E., and Barrie, K. (2016) *Learning from the Meaningful and Measurable project: Strengthening links between identity, action and decision-making*, HIS: Glasgow

Miller, E., and Barrie, K. (2019) Narrative Recording as Relational Practice in Social Services: A Case Study from a Scottish Carer Support Organisation, *The British Journal of Social Work*, bcz100, https://doi.org/10.1093/bjsw/bcz100

Munro, E., Turnell, A. and Murphy, T. (2016) '*You Can't Grow Roses in Concrete'. Action Research Final Report Signs of Safety English Innovations Project November 2014 – March 2016*, Munro, Turnell and Murphy Consultancy

Munro, E. and Turnell, A. with Devine, M. and Cunliffe, J. (2020) '*You Can't Grow Roses in Concrete' Part 2. Action Research Final Report Signs of Safety*, East Perth: Elia International

Nicholas, E., Qureshi, H. and Bamford, C. (2003) *Understanding and Using Outcomes in Social Care*, SPRU: York University

O'Rourke, L. (2010) *Recording in Social Work: Not just an administrative task*, Bristol: Policy Press

Patterson, M., Nolan, M., Rick, J., Brown, J., Adams, R. and Musson, G. (2011) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People*, London, NIHR

Rai, L. and Lillis, T. (2013). 'Getting it Write' in social work: exploring the value of writing in academia to writing for professional practice. *Teaching in Higher Education*, 18(4) 352–364

Roose, R., Mottart, A., Dejonckheere,N., van Nijnatten, C. and De Bie, M. (2009) Participatory social work and report writing, *Child and Family Social Work*, 14, pp 322–330

Sanderson, H. (2015) Doing daily records differently, Helen Sanderson Associates website: http://helensandersonassociates.co.uk/daily-records-differently/

Warmington, J., Afridi, A. and Foreman, W. (2014) *Is Excessive paperwork in care homes undermining care for older people?*, York, JRF

Wilkins, D. (2017) How is supervision recorded in child and family social work? An analysis of 244 written records of formal supervision. *Child & Family Social Work* 22 (3), 1130-1140. 10.1111/cfs.12330 file

Wilkins, D., Jones, R. and Westlake, D. (2018) 'The activity does not archive well': Comparing audio and written records of supervision case discussions in Children's Services, *Journal of Childrens Services*, 13 No. 3/4, pp. 93-109. https://doi.org/10.1108/JCS-03-2018-0005

Appendix 1: Creating the right organisational environment for outcomes-focused practice and recording to flourish

Organisational cultures and systems have a big influence on what types of practice are possible. A study of learning and performance in health services (Patterson et al 2011) identified two organisational cultures:

- 'perform or perish'
- 'relational and responsive'.

Many of these features are relevant to social care organisations, too (Munroe et al 2016, Ballatt & Campling 2020). The main features of each culture are:

Perform or perish – the focus is:	Relational and responsive – the focus is:
Pace: Quick fix, short term, process driven, pushing and fixing	Complexity: Longer term, focus on people and perceptions, brokering and negotiating
External, top-down agenda, local context largely overlooked, off-the shelf, one-size fits all approaches applied	Locally contextual factors are fully acknowledged and addressed, solutions are tailored to situation and existing models and rules are modified accordingly
A select few, high up in the organisation, determine goals and direction of change	All groups including service users and carers are involved in deciding goals and direction of change
Punitive and transactional leadership style from the top with little local team/unit level leadership	Empowering, inspiring and transformational leadership style at all levels, especially at the local team/unit level
Metrics matters: Superficial, often quantitative targets for success, for example, number of assessments completed	Meaning matters, relational, dynamic qualitative indicators of success, people's experiences and stories
Scored – numbers rule OK!	Profiled – a range of evidence is considered
Impoverished change environment results	Enriched change environment results

(Adapted from Patterson et al 2011)

The study suggested that while 'perform or perish' is often the prevailing culture in health services, the best outcomes are achieved by taking a 'relational and responsive' approach. Social services recording is influenced by performance measures and a range of potential audiences have to be thought about. These have been described as value demands, accountability demands and functional demands (O'Rourke 2010).

During our regional consultation events, participants raised similar concerns in social care services. As well as challenging the current system (see quotes below), they identified key themes that are important for creating the right organisational environment and systems for personal outcomes-focused practice and recording.

"The environment still appears to be more about service outcomes, rather than service user outcomes"
"Recording things effectively is really difficult, when our systems are not naturally guiding you towards outcome recording, even when they've supposedly been designed to do that"
"The current system is too standardised… we need to celebrate creativity and encourage that within the workforce"

"(currently) there are drop down sentences that you can pick and choose and we thought that we could probably do without those"
"(the current approach) … didn't allow for, you know, the actual person's words to come through, because you're trying to meet the targets"
"It's no use asking the people who are most stressed to make changes and for it not to take place in other areas of the organisation"

The participants identified the following themes:

The people they work with, and support must be:

- recognised as having something important to contribute
- supported to reflect on and develop their personal outcomes journey, which recognises and responds to changing priorities and associated outcomes
- able to reflect on and identify personal outcomes that are not just focused on change – they can also be about maintaining certain aspects of their life and the way the people who support them make them feel about themselves.

Practitioners must:

- feel valued and well supported, and have helpful and outcome-focused supervision
- be supported to build meaningful working relationships and dialogue with the people they support – not hasty one-off assessments
- be given time and space to reflect on their own and with others, and be supported in analysis and decision making
- be given protected time for recording.

Organisational systems must:

- develop trust across the entire system and have less pointless recording to 'cover one's back'
- develop a common language and shared understanding about a personal outcomes approach within and between organisations
- take an approach to performance that values the gathering and use of qualitative, as well as quantitative, data and provides help with this
- have a supportive ICT system and technology for personal outcomes recording that saves time and makes recording easier, as well as meaningful.