Recording Measurement of Personal Outcomes

Part 3 Personal Outcome Guidance: (Issued under the National Assessment and Eligibility Tool)
Recording Measurement of Personal Outcomes (Issued under the National Assessment and Eligibility Tool)

Introduction

This guidance provides a framework for recording and measuring progress against personal outcomes during the care and support process for individuals. The scoring only applies to individuals who are eligible for a care and support plan and carers eligible for a support plan under the Social Services and Well-being (Wales) Act 2014. Progress will be measured against outcomes associated with eligible needs in a care and support plan or support plan.

This guidance builds on the pilot led by the Social Services Improvement Agency (SSIA) to record and report against personal outcomes. The report of the guidance is published on the SSIA website1.

To support completion of the pilot, SSIA and the Local Government Data Unit delivered training to those local authorities involved. A programme delivering the Collaborative Communications Skills Programme training to those local authorities that did not take part in the pilot will run until May 2017. It is recommended that the scoring aspect of this guidance is implemented following this training. However, local authorities are expected to work with people in an outcomes focussed way to prepare for recording personal outcomes.

This guidance relates to adults and children (including young and adult carers). A “person” refers to both adults and children. Local authorities are expected to use their judgement as to who this guidance should be used to score personal outcomes with.

Context

The Social Services and Well-being (Wales) Act came into force in April 2016. The Act places a focus on well-being and how services can help people who need care and support, and carers who need support, achieve what matters to them. People are at the centre of this new framework and must be equal partners in their relationship with professionals.

The Act states that any individual who appears to have a need for care and support, or support in the case of a carer, has a right to an assessment.

An assessment for care and support must be based around a conversation between the practitioner and the individual, and other relevant individuals, to understand the personal outcomes the individual wants to achieve and how they can be supported to achieve them.

As part of the conversation, the practitioner should:

- assess and have regard to the person’s circumstances;
- have regard to their personal outcomes;
- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person or to other persons if those outcomes are not achieved; and
- assess and have regard to the person’s strengths and capabilities.

The Common Recording Requirements for Care and Support Plans and Support Plans issued under the national assessment and eligibility tool include the minimum recording requirements for care planning in the legislative framework. It will be up to local authorities to determine how best to collect the data specified.

The Common Recording Requirements include a requirement for local authorities to record the person’s eligible needs, their personal outcome(s) and details of the action to be taken to help the person achieve their outcome(s).

What is well-being?

Well-being is at the centre of the Social Services and Well-being (Wales) Act. Setting out what well-being means is about securing an approach based on working in partnership with people, giving people a stronger voice and greater control over their lives, and ensuring people get the care and support they need to lead fulfilled lives.

Section 2 of the Social Services and Well-being (Wales) Act provides a clear definition of well-being that applies to people who need care and support and carers who need support.

What duties do local authorities have in relation to well-being?

Section 5 of the Act requires any person exercising functions under the Act to seek to promote the well-being of people who need care and support and carers who need support.

Promoting well-being means that local authorities must be proactive in seeking to improve those aspects of well-being when exercising social services functions for a person who needs care and support, and carers who need support.

This duty applies to all persons and bodies exercising functions under the Act, including the Welsh Ministers, local authorities, Local Health Boards and other statutory agencies. Guidance in relation to the well-being duty can be found in the code of practice in relation to general functions, issued under Part 2 of the Act, published on the Care Council for Wales Learning Hub³.

Local authorities need to work in partnership with people to secure well-being and prevent the development of need for care and support. Responsibility for well-being is shared and people should be empowered to contribute to achieving their own well-being and supported to be as independent as possible with the appropriate level of care and support.

**What are the national well-being outcomes?**

National well-being outcomes build on the definition of well-being stated in the Act and articulate what people who need care and support and carers who need support should expect to achieve to lead fulfilled lives. These are listed below.

<table>
<thead>
<tr>
<th>Well-being definition from the Act</th>
<th>National well-being outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securing rights and entitlements</td>
<td>I know and understand what care, support and opportunities are available and use these to help me achieve my well-being</td>
</tr>
<tr>
<td>Also for adults: Control over day-to-day life</td>
<td>I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being</td>
</tr>
<tr>
<td>Physical and mental health and emotional well-being</td>
<td>I am healthy and active and do things to keep myself healthy</td>
</tr>
<tr>
<td>Also for children: Physical, intellectual, emotional, social and behavioural development</td>
<td>I am happy and do the things that make me happy</td>
</tr>
<tr>
<td>Protection from abuse and neglect</td>
<td>I get the right care and support, as early as possible</td>
</tr>
</tbody>
</table>

### Education, training and recreation
- I can learn and develop to my full potential
- I do the things that matter to me

### Domestic, family and personal relationships
- I belong
- I contribute to and enjoy safe and healthy relationships

### Contribution made to society
- I engage and make a contribution to my community
- I feel valued in society

### Social and economic well-being
- I contribute towards my social life and can be with the people that I choose
- I do not live in poverty
- I am supported to work
- I get the help I need to grow up and be independent
- I get care and support through the Welsh language if I want it

### Also for adults: Participation in work
- I contribute towards my social life and can be with the people that I choose
- I do not live in poverty
- I am supported to work
- I get the help I need to grow up and be independent
- I get care and support through the Welsh language if I want it

### Suitability of living accommodation
- I live in a home that best supports me to achieve my well-being

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Some national well-being outcomes describe the responsibilities that people themselves have to undertake to help achieve their own well-being. All people who need care and support and carers who need support, and all services, each have their own responsibilities to help improve well-being.

The national well-being outcomes are contained within the well-being statement, which describes what well-being means for people who need care and support and carers who need support. Welsh Ministers are required to issue a statement of well-being outcomes to be achieved for people who need care and support and carers who need support under Section 8 of the Social Services and Well-being (Wales) Act 2014. The draft well-being statement is published on the Welsh Government website[^4].

#### What is a personal outcome?

Well-being means different things to different people, and people are best placed to determine what matters to them. People who need care and support and carers who need support will want to achieve outcomes that are personal to them and their individual circumstances – these are referred to as personal outcomes. Personal outcomes are what an individual wants to achieve. They are identified as part of the assessment process.

The assessment process is set out in the code of practice in relation to assessing the needs of individuals, issued under Part 3 of the Social Services and Well-being (Wales) Act, published on the Care Council for Wales Learning Hub[^5].

How do personal outcomes relate to national well-being outcomes?

Personal outcomes must link through to the 24 national well-being outcomes stated in the well-being statement.

People can expect to achieve personal outcomes which reflect the national well-being outcome statements.

For example, a personal outcome of ‘wanting to go to chapel every Sunday on my own’ links to the national well-being outcome of ‘I do the things that matter to me’.

Why should progress towards personal outcomes be measured?

The code of practice in relation to Part 4 (meeting needs) of the Social Services and Well-being (Wales) Act requires that a care and support plan must include the personal outcomes of the individual to whom the plan relates, and the actions taken by the person, the local authority and others to help the individual achieve those personal outcomes.

Information on progress towards personal outcomes will provide new and useful information for local authorities to develop and improve local practice. People’s progress towards achieving their personal outcomes can be aggregated to provide a collective understanding of a person’s overall well-being.

Aggregating personal outcomes for an individual means combining a person’s progress against each of their personal outcomes, to provide information to understand whether a person’s well-being is improving overall. This can be aggregated for all people in an authority to understand whether well-being is improving at a local authority level. It is not the purpose of aggregated personal outcomes to be used to compare performance between authorities.

Aggregated personal outcomes can be used as a tool to:

- influence decision making at a strategic level in relation to the planning and delivery of services. The information can also be used to measure the impact that specific service provision has on progress towards improving people’s personal outcomes;

- inform the population assessment required under section 14 of the Act. Information should be used to identify the ways that needs are being met and to identify the range and level of preventative services which local authorities consider will achieve the purposes set out in section 15(2) of the Act. Local authorities must ensure that the range and level of services provided support the delivery of personal outcomes that matter to people; and
yield a more enriched account of activity, whilst maintaining a focus on improving personal outcomes. Analysing and monitoring qualitative and quantitative data can be used to evaluate the quality of service provision. Qualitative analysis of the information and narrative gathered during outcomes focussed conversations with people can provide evidence regarding how aspects of a service can impact on individuals.

Information on personal outcomes should not be used to prolong or shorten care and support services provided, nor should it be used in any way to close a care and support plan (or support plan).

**What is the difference between outcomes and outputs and process/activity?**

Outcomes reflect what matters to people and the things that people want to achieve, these are personalised and relate to a person’s individual circumstances. Outcomes relate to the impact or the difference a person wants to see on their life.

Outputs relate to what is done and are the product of an activity. For example, the provision of services is often the output of an assessment.

Activity describes the processes that are done in order to ensure outputs. For example, setting up or organising service provision (output).

In terms of recording, the outputs are the actions to be taken to support the person achieve their outcomes. For example, following an assessment (activity) a person may receive domiciliary care services or short breaks (outputs) for them to remain living in their own home or with their family (outcomes).

**Recording personal outcomes**

*Defining personal outcomes*

A local authority must record people’s personal outcomes as set out in the Common Recording Requirements for care and support plans and support plans. The personal outcomes must be recorded in the person’s own words. Recording outcomes in the person’s own words means the person retains ownership of their outcomes and that they are meaningful to them.

Progress towards achieving an individual’s ‘personal outcomes will be measured and recorded for those who need care and support and carers who need support with eligible needs who have a care and support plan or support plan from their local authority social services. Progress will be measured against outcomes associated with eligible needs in a care and support plan or support plan.
Measuring and recording progress towards achieving these personal outcomes should be part of, and embedded into, the conversation a person has with a practitioner. The practitioner should identify what matters to the individual, what good looks like, and the most appropriate action to address their personal outcomes. These actions may be taken by the local authority, other people and the person themselves. These actions must be recorded.

Recording actions with people to meet their personal outcomes will support people to identify their own solutions, and ensure buy in so that actions are owned and delivered by the individual.

**Defining personal outcomes in safeguarding cases**

In certain cases the priority will be to protect the individual. However, practitioners will need to ensure that relevant and realistic personal outcomes are identified at an appropriate time.

**What happens if a person is unable to define their personal outcomes?**

An individual must be an equal partner in their relationship with practitioners and actively contribute to determine their personal outcomes. There will be circumstances where an individual seeks the support of a family member, a friend or one of the many forms of advocate to help them. It is open to any individual to invite someone of their choice to support them to participate fully and express their views, wishes and feelings.

In certain circumstances, if a person is unable to define their personal outcomes, these wider individuals will be asked to provide a narrative expressing the views of the individual on their behalf. In certain circumstances it will be inappropriate for them to do so.

The code of practice on advocacy under Part 10 of the Act sets out the functions when a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual’s personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. The code of practice in relation to advocacy, issued under Part 10 of the Act, can be found on the Care Council for Wales Learning Hub.

**How does this apply to integrated assessments?**

If a person has been part of an integrated assessment, where an assessment includes a compendium of different professional assessments, and is eligible for care and support, then local authorities must ensure that personal outcomes in relation to these care and support needs are identified and progress against them measured. This is the responsibility of the individual named as the care and support plan co-ordinator (as set out in the code of practice for Part 4 of the Act).

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Is there a maximum number of personal outcomes per person?

There is no maximum number of outcomes but they must be reasonable and relate to the person’s needs for care and support.

Some people may only want to achieve one personal outcome; other people may want to achieve several personal outcomes.

Local authorities must consider all of the personal outcomes that an individual wishes to achieve, the resources available and how the local authority may support them to achieve these.

What if a personal outcome relates to more than one national outcome?

Local authorities must map each personal outcome to a national well-being outcome, as stated in the well-being statement. If a personal outcome relates to several national well-being outcomes then the most relevant national well-being outcome should be recorded.

For example, a personal outcome may be ‘I want to go to chapel every Sunday on my own’, this personal outcome could link to a number of national outcomes, for example:

- I am happy and do the things that make me happy;
- I do the things that matter to me;
- I engage and make a contribution to my community;
- I contribute towards my social life and can be with the people that I choose;

The most relevant national well-being outcome should be chosen based upon a practitioner’s judgement following discussion with the individual around what need this fulfils.

What scale should be used to measure personal outcomes?

A scale of 0 to 10 must be used to measure personal outcomes, where 0 describes the worst it could be, and 10 describes the best it could be.

The scoring scale is a tool to show positive or negative progress and should not be used as a score in itself without a narrative. The scores mean different things to different people, and are individual to a person, and the narrative helps others to understand the personal score.

People must be asked what 0 and 10 means to them in relation to each of their personal outcomes; this will be based on their personal circumstances. What each score means (e.g. what 3 means) is not defined nationally as it is for each individual to consider what 3 means to them, which will be personal to them and depend on their outcome and individual circumstances.
What should be recorded for each outcome?

When recording each personal outcome, practitioners should work with people to:

a. record what a score of 10 means;
b. record a goal score and what that score means; and
c. record a baseline score.

a. Record what a score of 10 means

This will be individual to a person, and in relation to each outcome describe what good looks like for the person. What a score of 10 means must be recorded in the person’s own words. Not every person will want to achieve a score of 10.

b. Record a goal score and what that score means

People must also be asked what their goal is, this must describe as good as it gets (or good enough) for a person. A practitioner should work with the person to understand what is achievable, setting realistic expectations of an achievable goal score; this might not be a score of 10.

The goal score should reflect where an individual would like to be in relation to achieving their personal outcome e.g. an individual may have a goal score of 7 which reflects as good as it gets for them for a particular personal outcome.

The goal score and narrative must be recorded in the person’s own words.

c. Record a baseline score

The baseline measurement is the starting point taken in relation to a personal outcome and should reflect where an individual feels they are in relation to the scale of 0 to 10.

A baseline measurement should be taken by the time the formal care and support plan, or support plan in the case of a carer, is in place. This may involve agreeing to score baselines at assessment or when a care and support plan (or support plan) is developed. At other times practitioners should use time outside of the formal process to record baseline scores and to record these in the person’s case file.

The baseline score should be determined by the person themselves (not the practitioner). The quality of the relationship between the professional and the individual is paramount in determining a score and describing what this looks like.
If a person has more than one personal outcome, do they need to score each outcome?

Yes, each personal outcome should be scored, so that progress in achieving each of the personal outcomes can be measured.

Progress towards achieving each personal outcome may vary and some people will achieve some personal outcomes sooner than others.

What happens if a person doesn't want to engage in the scoring?

If a person does not want to engage with the process and provide scores, the reason for this should be recorded. It is expected that local authorities work with people to build a relationship whereby scoring can be used as a mechanism of understanding improvement and measuring progress towards achieving personal outcomes.

A person should not be asked to score without understanding where they would like to be in relation to achieving the personal outcome and considering what good looks like.

Measuring progress against personal outcomes

When should progress against personal outcomes be measured?

Reflecting on progress towards achieving personal outcomes helps to determine whether the plan is effective or whether change is required. It provides a person with the time to reflect on what matters to them and the steps they are taking to achieve their goal.

Progress towards achieving personal outcomes must be measured. This will take place at formal reviews. Determining progress may happen outside of the formal review of a care and support plan (or support plan for carers) and therefore personal outcomes measurements do not always need to be incorporated into a person’s care and support plan (or support plan for carers). Information on progress and scores should be part of a person’s case file.

For example, in relation to children and families, the process of reflecting on actions will assist the family in understanding and being able to describe their achievements during a formal review. Conversations in relation to progress and scoring should be carried out informally before a formal review and recorded in case files.
If progress towards achieving personal outcomes is discussed outside a formal review this may happen several times. In this case, it is only the most recent score which should be discussed at the formal review. It is important for people to reflect on their progress and the discussion at their formal review should focus on the progress made, rather than the score itself; a score is individual to a person and cannot be compared.

People must be supported to consider the progress they are making towards achieving their personal outcomes, based on the actions they are taking. Practitioners should record narrative around progress in people’s own words.

The scoring should not reflect the person’s opinion of the care and support received but should reflect the progress they have made to achieve their personal outcomes.

**Who should measure the progress?**

Progress in achieving personal outcomes should be determined by the person themselves unless they are unable to do so.

In certain circumstances family, friends or advocates will be asked to provide a narrative expressing the views of the individual on their behalf.

Similarly, if a person is unable to provide a progress score against their personal outcome, a family member, a friend or advocate may provide a score on behalf of the person.

This approach should only be adopted if it is appropriate to do so and those supporting are comfortable to do so. Local authorities should use judgement regarding a person’s circumstances when acting on views of a carers, family members, friends or advocates.

**What tool should be used to measure progress?**

Local authorities will be required to devise recording tools for local use. The process must be communicated in an accessible way and different groups of people may respond better to different tools for scoring.

The practitioner should consider the most appropriate tool to measure progress with the individual. Any tool developed to score progress must be transferrable to the 0 to 10 scale. Examples of tools to record progress can be found in Annex A.
Dealing with different interpretations

Defining, scoring and measuring progress of well-being outcomes are specific to the individual themselves. The individual is normally best placed to describe where they are on the continuum. However, there will be occasions when they are unable to do this.

In such cases, the practitioner, unless it is inappropriate to do so, should agree relevant outcomes, scores or measures in discussion with a family member, carer or advocate. It is important to confirm those supporting an individual are comfortable to do this.

This may potentially result in different interpretations of an individual’s position. In such cases practitioners should record the reasons for the differences in the case file.

Defining personal outcomes

If a person is unable to define their personal outcome(s), family, friends, or advocates may be asked to provide a narrative about what that means to the individual together with a goal score.

Baseline scores

If a person is unable to provide a baseline score against their personal outcome(s), a family member, a friend or advocate may provide a score.

Measuring progress

If an individual is unable to measure the progress achieved, family, friends or advocates must be asked to provide a narrative and may be asked to provide a score.

Where an individual and a practitioner identify different scores, the individual’s score should be recorded and the practitioner can record their judgement in the case file.

Where an individual and their family member, friend or advocate identify different scores, the individual’s score should be recorded and the practitioner can record the other score in the case file.

Where a practitioner and a family member, friend or advocate identify different scores, the score identified provided by those supporting the individual on their behalf should be recorded and any differences recorded on the case file.
Achieving personal outcomes

When is a personal outcome achieved?

Local authorities must record what a person wants to achieve in relation to each personal outcome, this is the goal for that person. During care planning, this might change, and a local authority should keep a record of this. A person will achieve their personal outcome when they reach their goal score.

In some instances, what matters to a person may be to maintain their current level of well-being or to slow down or prevent if possible deterioration. In this instance, a person’s goal score may be the same as their baseline score, and actions should be aimed at supporting a person to maintain this score, which may be below 10. In this instance, maintaining the score is considered to be achieving a personal outcome.

What happens if a personal outcome changes?

Personal outcomes may change when the care and support plan, or support plan, is reviewed.

For personal outcomes that are no longer appropriate or have been replaced by a different outcome, reasons for the changes should be recorded.

Any new personal outcomes should be recorded and baseline and goal scores recorded.

On closure of a care and support plan (or support plan), an end score should be recorded for each outcome. An evaluation of the extent to which the personal outcomes were achieved should be included in the closure statement.

Reporting nationally on personal outcomes

Will the data be reported nationally to Welsh Government?

Recording data in relation to progress/ distance travelled must not drive the assessment and care planning process. Measuring progress must fall out of the conversation between practitioners and an individual and be used as a tool to support people to determine what matters to them, the things they can do to achieve what matters to them and provide people with the opportunity to reflect on the things that they are doing to achieve well-being.

Local authorities are not required to report any individual scores to Welsh Government. National aggregated personal outcomes information will not be required in the first year of the implementation of the Act. Discussion with local authorities in relation to progress and national reporting will take place during the first year of implementation.
### Annex A – Examples of tools to measure progress against personal outcomes

Outcomes progress monitoring used in SSIA pilot

<table>
<thead>
<tr>
<th>Outcome No.</th>
<th>Personal outcome description</th>
<th>Self-assessment scores/dates</th>
<th>Goal</th>
<th>Progress made?</th>
<th>Outcome achieved?</th>
<th>Main aspect of wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td></td>
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</tr>
</tbody>
</table>
Caerphilly Recording Tool

Our Family Outcomes

<table>
<thead>
<tr>
<th>Outcome Number</th>
<th>Overall outcome that needs to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statement of the problem:
(this statement needs to be behaviourally specific to what was observed or reported and the impact on the child/children)

Where are we now? (please circle)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

What does this look like?

Where do we want to be? (please circle)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

What does this look like?
# Neath Port Talbot Recording Tool

## Neath Port Talbot Social Services, Health and Housing - Child Outcomes

<table>
<thead>
<tr>
<th>Outcome Number</th>
<th>Outcome that needs to be achieved</th>
<th>Main Aspect of Well-Being (Please select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Achieving Potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being Healthy &amp; Active</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being Protected from Abuse / Neglect</td>
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<tr>
<td></td>
<td></td>
<td>• Being Happy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being Informed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Being Safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning and Developing</td>
</tr>
</tbody>
</table>

**Statement of the problem:**

[this statement needs to be behaviourally specific to what was observed or reported and the impact on the child/children]

**Baseline Score - Where are we now? (Please circle)**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Goal Score - Where do we want to be? (Please circle)**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**What does this look like?**

**Concur with Baseline Score:**

[ ] Yes / [ ] No

If No, please provide SW score (0-10):