



**Better Outcomes for Service Users and Carers
through Partnership Working: The User Defined
Service Evaluation Toolkit (UDSET): Annual
Update**

November 2008 Update Report

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Background and introduction to Annual UDSET update report 2008

This report is additional to the previous User Defined Service Evaluation Toolkit (UDSET) report, of December 2007, and is intended to provide an update on the learning from piloting over the past year. This report includes updated materials, to reflect changing understanding of what works in embedding user and carer outcomes in practice. Some of the existing materials in the original report, including the research background, learning from early pilot sites and original UDSET tools, are not included in this version. A key change over the past year has been the shift in emphasis from the UDSET as a set of specific tools, to understanding the UDSET as an approach to practice based around two sets of outcomes, one for users of community care services and one for unpaid carers. Further progress has been made on understanding how to gather information from service users and carers on the outcomes important to them, through assessment, care/support planning and review processes, and on using that information to identify what works in delivering outcomes. Work is currently underway in several areas on use of this information for planning and improving services and evaluation. Partnerships have continued to make significant contributions towards developing this approach.

The first section of this report aims to provide brief, accessible information about the purpose of focusing on user and carer outcomes and what using UDSET might involve for staff. Case studies have been included to illustrate the difference focussing on outcomes can make in practice. This section concludes with a brief review of the role that digital stories have played to date in developing UDSET.

Section 2 covers key considerations in implementing UDSET. This includes challenges identified by pilot sites over the past year; including how to manage communication difficulties, and data management and application. The fact that many users of community care services have cognitive impairments and/or significant communication difficulties has been a concern to practitioners who do not want to exclude individuals. Various challenges have been identified in relation to data gathering, management and application. Progress has been made in understanding the limits and possibilities in these areas.

Section 3 reflects the context against which the UDSET has developed over the past year, including the development of Single Outcome Agreements (SOAs), whereby local authorities have greater freedom to set their own priorities with their community planning partners. The Community Care Outcomes Framework is being promoted to health, social care and housing partnerships in Scotland as the gold standard for improving services. This report outlines links with the SOAs, Outcomes Framework and the new National Minimum Information Standards (NMIS) for assessment, care planning and review (Scottish Government 2008).

Finally the appendices include prompts for the UDSET outcomes which are important in ensuring consistency of application, and additional outcomes for consideration.

A wide range of related resources, including copies of tools and materials, are available on the user and carer section of the Joint Improvement Team website <http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/>. If you have any comments on the UDSET or queries please contact Margaret Whoriskey: Margaret.Whoriskey@scotland.gsi.gov.uk

Section 1: Understanding the UDSET and outcomes for users and carers

The User Defined Service Evaluation Toolkit (UDSET): Brief Overview

The UDSET has been developed by the Joint Improvement Team to support a focus on the outcomes important to users of community care services in Scotland, with a related version (CDSET) for unpaid carers. Outcomes in this context are understood both as the goals that users and carers want to achieve in partnership with services, and as the impact of services on individual lives. The UDSET builds on previous research done at York University (Qureshi 2001) and Glasgow University (Petch et al 2007). Since Spring 2007, a number of partnerships have piloted the approach through outcomes focused reviews, and more recently assessment and care planning. Evidence from pilot sites has confirmed previous research findings that this approach can improve outcomes for individuals, and support more relevant interventions. It is also viewed positively by staff, who prefer the conversational and person-centred approach to assessment, care planning and review. The UDSET can also capture valuable data for evaluating, planning and improving services. (Additional outcomes relating to some specific care groups are shown in Appendix 2)

Table 1: Outcomes Important to Service Users

Quality of Life	Process	Change
Feeling safe	Listened to	Improved confidence/morale
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	

Table 2: Outcomes Important to Unpaid Carers

Quality of life for the cared for person	Quality of life for the carer	Managing the caring role	Process
Quality of life for the cared for person	Maintaining health and well-being	Choices in caring, including the limits of caring	Valued/respected and expertise recognised
	A life of their own	Feeling informed/skilled/equipped	Having a say in services
	Positive relationship with the person cared for	Satisfaction in caring	Flexible and responsive to changing needs
	Freedom from financial hardship	Partnership with services	Positive relationship with practitioners
			Accessible, available and free at point of need

Practical application of UDSET

As already emphasised, the primary aim of UDSET is to support a focus on outcomes for service users and carers within health and social care. Use of the UDSET encourages partnerships to focus on outcomes at both an individual and an organisation wide level through:

- Staff spending time talking to service users and carers about outcomes, in the course of assessment, care planning and review processes
- At the assessment and care planning stage this means identifying with the individual what outcomes or goals they want to achieve
- At review stage this means identifying whether the identified outcomes have been achieved, whether the outcomes need to change, and determining what impact services are having on outcomes.
- Staff recording the evidence from service users and carers on their experiences of services in relation to the UDSET outcomes and using that evidence to inform decisions around individual packages of care.
- Partnerships / organisations routinely collating this evidence and using it to inform service improvement, planning and commissioning.
- Partnerships / organisations routinely collating this evidence and using it to monitor their performance in relation to key outcomes.

The assessment, care planning and review process is at the centre of the implementation of the outcomes approach as this is where staff can both work with individual service users and carers to better identify and plan to meet their outcomes and gather the information needed to improve outcomes at an organisational level. Specifically, use of the UDSET provides a framework for staff to guide their conversations with service users and carers around outcomes. Using UDSET enables staff to work with the individual to identify ways in which services can support them to improve their quality of life. Case studies 1 and 2 presented in the following section provide examples of how this can happen in practice.

In addition use of UDSET gives partnerships a framework to guide the recording and analysis of information gathered on outcomes for service users and carers. This information can then be used at both a service level and organisational level to ensure that services are organised and delivered in ways that maximise good outcomes for service users and carers. As already highlighted, there are close links between the UDSET, the Community Care Outcomes Framework and the National Minimum Information standards.

Implementation

Experience from the pilot sites highlights the importance of flexibility in implementing an outcomes approach. The evidence shows that the best results come when staff have the freedom to tailor their conversations about outcomes to the needs of the individual, drawing on their professional skills. Furthermore, the value of embedding the UDSET approach within existing tools, as opposed to treating it as a 'bolt on', has also been highlighted. Therefore, the UDSET does not prescribe one national and definitive set of tools to be used in assessment, care planning and review. Instead a range of guidance and materials developed by pilot sites are now available alongside examples of locally developed tools to support implementation of the approach in practice. This is consistent with the approach underpinning the recently published

National Minimum Information Standards for Assessment, Care Planning and Review and UDSET has been developed to be used alongside these.

Case Studies

Example 1: Outcomes for a service user

Mrs A referred herself to Community Care services for 'meals on wheels'. She made this referral because she was increasingly breathless and reluctant to go out. She was lonely and finding it difficult to motivate herself to cook. She also worried about money, because she was on a low income and couldn't afford the taxi fare to the shops.

Mrs A didn't know much about community care services or what help they could provide, but when she confided in her next-door neighbour, he told her that she could get meals delivered by social services. It would have been easy for the assessor to 'assess Mrs A for meals on wheels'. However, by taking an outcomes based approach, the assessor identified that the most important outcomes for Mrs A were:

- Better management of her COPD
- Be able to get around her home and community
- Have good social contacts
- Maximise her income

A range of supports were arranged including a visit from the district nurse to review Mrs A's medication. Mrs A was also supported to become a member of the local community car scheme and Health in Later Life group. Mrs A also put in a claim for Pension Credit. Her self esteem and sense of wellbeing greatly improved as a result of these supports, and she began to cook more for herself, which may not have been the case if her request for meals on wheels had been met without question.

Six months after the support was put in place the same worker came back to ask Mrs A if she felt better. This was the review. Mrs A told the worker that as a result of:

- her medication review she was less breathless
- being part of the community car scheme she was able to go shopping once a week and she was also going out to see friends more
- joining the local Health in Later Life group she had made new friends and was involved in new activities
- her claim for Pension Credit she was better off each month and this had lifted a great worry from her mind
- all of the support she was feeling more confident and much happier

Example 2: Outcomes for a carer

Mr B first came into contact with his local Carers Centre though their work with the local GP practice, which was aimed at identifying hidden carers. Mr B was working full time and also caring for his wife with a complex long term condition. Following a number of discussions by telephone Mr B agreed to complete a carers' assessment with the support of the Carer Advice Worker. Mr B's main concern was balancing his

work and caring roles. By taking an outcomes focused approach to the assessment Mr B and the Carer Advice Worker identified the following options and support:

- Attending a training course, with other carers, aimed at supporting him to look at ways of dealing with the emotional and practical impact of caring for his wife.
- Making contact with the Social Work Department who carried out an assessment of his wife's needs. This resulted in his wife being offered social activities during the day when Mr B was at work.
- Talking to his employer about more flexible working arrangements which would allow him to continue working but also continue to care for his wife.
- Talking to his family about being involved in supporting his wife.

Ten months on from the original contact the outcomes focused assessment and support has resulted in:

- Mr B being able to continue to work knowing that his wife is supported and happy in her new activities. As a result his work is again more satisfying and less stressful.
- His wife having social activities which extend her networks of support but also give her new friends and interests.
- Mr B's family assisting in supporting his wife, again allowing him to work and widening the circle of support and contacts for his wife. Increasing the sense of security for both Mr B and his wife.
- Mr B having the confidence and motivation to undertake training on presentation skills so that he can talk to practitioners about the importance of a good, outcomes focused assessment.
- Mr B having continued contact with other carers who are able to offer peer support and social contact, which because of his work/caring role balance he had previously lost.

Digital Stories

The digital story project has played a key role in implementing UDSET during 2008. The term 'digital story' can be used to refer to a variety of formats from online photograph collections to mini-documentaries. For the Digital Storytelling in Health and Social Care project in Scotland, the definition is a first person narrative told in the storyteller's own words and voice, combined with images and music. The resulting presentations are typically around three minutes long. These stories play a key role in retaining a focus on outcomes for service users and carers in the midst of complex and often bureaucratic approaches to reform of service delivery.

Digital stories have been observed to have beneficial effects for the individual service users and carers who participate, in providing an opportunity to reflect on and articulate their story, with a sense that there is potential for services to improve for others as a result. Although there is only ever scope for a small number of people to participate in digital storytelling, and therefore the approach is not intended to be representative, the stories can be very effective in illustrating specific improvements that can be made at service level, particularly as they provide a means of gaining a deeper understanding of the real-lived care experiences of service users and carers.

In relation to the UDSET, the educational potential of digital stories has been particularly evident in relation to workforce development. Several users and carers, in talking about their lives and what matters most to them, automatically talk about

the outcomes represented in the UDSET frameworks, including the importance of social contact or being listened to. Digital stories by staff have played a particular role in improving understanding of how focusing on outcomes impacts on practice. The staff stories, created by physiotherapists, occupational therapists, district nurses, social workers and managers have been evidenced as powerful means of peer communication on the value of an outcomes approach. In relation to improving partnership working, the staff stories have served to acknowledge the different understandings that exist across professional groups, together with the different values instilled in the respective professions, offering potential to develop an enhanced sense of teamwork

To respond to growing demand for the stories, and to encourage use of the full range of available stories, a searchable online digital story library is currently being developed. In the meantime a small selection is available on the JIT website, and DVDs of the new UDSET collection *11 by 11* will be available from the JIT at the end of November.

Section 2: Implementing UDSET: Learning Points

Over the past two years more than fifteen partnerships and organisations have used the UDSET in a variety of ways. More detailed information on these pilots, their findings and tools are reported on the JIT website. This section summarises the key messages from this work and presents seven learning points for particular consideration by organisations and partnerships planning on implementing UDSET.

Learning Point 1: The focus on outcomes needs to be across assessment, care planning and review processes

Several early pilot sites decided to focus on the review process to ask service users and carers about outcomes, to make the implementation of the UDSET approach manageable. While UDSET reviews can provide a valuable snapshot of evidence about outcomes for evaluation purposes, it is clear that for partnerships wishing to embed the outcomes approach in practice, waiting until review to ask about outcomes has two disadvantages:

- Staff miss the opportunity to find out what is most important to the individual when they are putting together a package of care
- It is less straightforward to determine what difference a service or package of care has made to an individual where no 'baseline' data on outcomes has been collected

As a result of this learning, pilot sites that have started recently are working to include outcomes across assessment, care planning and review processes. VOCAL carers centre has recently completed their preparation work and copies of the toolkit that they have developed is available on the JIT website.

Learning Point 2: Local partnerships and organisations need to tailor implementation of the UDSET to their local needs and circumstances

Many of the pilot sites involved in the UDSET programme are committed to benchmarking their performance against other partnerships. As a result, there has been interest in the possibility of developing one national set of tools that will allow partnerships to gather consistent data to facilitate this benchmarking. The experience of the pilot sites has, however indicated the need for partnerships and organisations to be free to implement the approach in a way that suits their local needs and circumstances. This need not preclude the capture of "high-level" data which will be comparable across partnerships. In particular, the following has been highlighted:

- Staff who have used the UDSET have emphasised the need to use the approach in a flexible, person centred way, tailoring the way in which questions are asked to best suit the needs of the individual and the issues arising in the assessment or review. This flexibility cannot be adequately captured in one national tool.
- Partnerships / organisations are seeking to implement UDSET in response to a wide range of local pressures, from the need to evaluate specific services to a concern to provide better feedback to staff. The UDSET approach allows partnerships / organisations to tailor the information they gather to their particular needs and circumstances.

- The UDSET approach is designed to build on local best practice in working with service users and carers to deliver good outcomes. It is important that UDSET is integrated into the work already carried out by partnerships in developing Single Shared Assessment and review tools as well as mechanisms for sharing information appropriate to their local partnership arrangements.

Learning Point 3: UDSET needs to be embedded within existing tools and processes

Experience from the pilot sites has shown that the UDSET approach needs to be embedded within existing local tools and processes and can not be treated as an add on. Pilot sites that did try using the UDSET as a 'bolt on' to their existing review process found that the approach was so time consuming that relatively few service users were able to engage with staff for long enough to complete both processes. In addition, there is consensus amongst staff involved in the pilots that treating UDSET as a 'bolt on' is counter to the ethos of the approach.

It is clear from the pilots that a considerable time investment is needed to work out how best to embed discussions around the UDSET outcomes within existing tools. Most pilot sites have produced several drafts of their tools, refining each version in light of comments and feedback from individuals across the organisation and also experiences of using drafts with service users or carers. To support this process guidance has been developed and is available on the JIT website, along with copies of some of the tools produced by the pilot sites.

Learning Point 4: UDSET can be used with all service users and carers, regardless of communication abilities or capacity

It is vital that service users with communication difficulties or issues with capacity are not excluded from outcomes focussed approaches to assessment, care planning and review. These individuals are often amongst the most vulnerable service users and carers and therefore particularly at risk of poor outcomes. Taking a flexible, person centred approach to talking about outcomes is vital to using UDSET with people with communication difficulties, as is sensitively gathering information from reliable proxy informants, such as family carers and key workers. In this way it is possible to get a full picture of an individual's life and the impact that services have on them.

It is clear that working with individuals with communication difficulties takes time and requires considerable skill on the part of the staff member. Guidance has been developed to support staff to take an outcomes approach with these individuals and is available from the JIT website. Work is also in progress to develop Talking Mats for use with the UDSET. Talking mats have been developed by Speech and Language Therapists at the University of Stirling and are a resource to enhance communication with people with a range of communication difficulties (www.talkingmats.com).

Learning Point 5: The quality of the information gathered using UDSET is as important as the quantity

When staff use the UDSET they have the opportunity to capture very powerful information about how services improve or hinder outcomes for service users and carers as well as what could be done differently to improve outcomes. In the first

instance, it is vital that this information is captured and used to inform the individual package of care. In addition, the information can be used to at a service and organisational level to inform decision making more generally.

Pilot sites have trialled a range of approaches to recording information. Partnerships have variously asked staff to record qualitatively what service users and carers say in relation to outcomes; to get the service user or carer to rate their experience in relation to the UDSET outcomes; and to do both together. Experiences from these pilots has shown that whilst capturing ratings from lots of service users or carers is a useful way of getting a snapshot of how a partnership is performing, the more detailed qualitative information is essential to understanding performance and to identifying areas for improvement. While staff are in many ways already evidence gatherers, the UDSET requires different kinds of evidence in order to be able to understand what does and doesn't work in delivering outcomes. The hints for practitioners in the UDSET support pack for staff are designed to support this and in addition regular feedback is important to support staff to record the relevant information. Guidance on managing UDSET data is available on the JIT website.

Learning Point 6: Investing in staff training and promoting ownership of the approach gives better results

The UDSET approach builds on recognised good practice in health and social care, and as such is welcomed by many practitioners who see it as an opportunity to 'get back to basics' in developing relationships and working with individuals and families to identify the goals they want to achieve. The focus on outcomes and the associated flexible person-centred approach are, however, not always familiar to staff. Staff from all pilot sites have emphasised the importance of training in ensuring that they are able to use the UDSET approach confidently, and record information appropriately.

A key issue that has come up across pilot sites is the extent to which front line staff feel burdened by the volume of new initiatives they are expected to engage with. However, the focus on user and carer outcomes which underpins the UDSET is supported by national policy which is shifting towards outcomes more generally. Identifying links to the Single Outcome Agreements and other policy developments such as *Changing Lives* and *Shifting the Balance of Care* can help to highlight the relevance of the approach. Additionally, staff in some pilot sites have identified the need for management buy-in if this approach is to fulfil its potential to make a difference. Working in close partnership with staff in making decisions around the implementation of the approach and demonstrating a commitment to the UDSET from management have both been found to be important in engaging staff.

Learning Point 7: Successful implementation of the UDSET requires buy-in from across the organisation

Successful implementation of the UDSET demands that:

- Frontline staff are ready and able to talk about outcomes when working with service users and carers
- Assessment, care planning and review tools are adapted to support this focus
- While not absolutely necessary at piloting stage, plans should be developed to ensure that IT systems are able to record and report on the information captured on outcomes through the UDSET

- Staff at every level of the organisation are ready to make decisions as to how to use resources at an individual, service and organisational level informed by the information gathered using UDSET

Staff from across the pilot sites have emphasised the importance of buy in from across the organisation to fully implement UDSET and have reported the particular struggles they have experienced when the work is not being carried forward by operational and strategic staff working together. Where a co-ordinated approach has been taken, pilots have made more progress. For example, in Glasgow South West CHCP a project team of strategic and operational colleagues have worked together to pilot the use of UDSET, and consideration is currently being given to applying the data to a range of processes including contract management procedures. A report on the UDSET pilot in SWCHCP is available on the JIT website.

Learning Point 8: Resource implications

The initial adoption of this approach does require some extra resources, particularly in engaging and training staff to help them understand the outcomes approach, and in determining how best to incorporate outcomes into existing tools and recording systems. These inputs are offset by the benefits identified in the interim evaluation of UDSET, centred around better involvement of service users and carers, improved outcomes for individuals and increased satisfaction for staff. Additional information is available in the report (November 2008) on focus groups undertaken in North Lanarkshire, where outcomes focus assessment has been taking place for over a year now. Staff there have identified greater transparency and clarity in working with service users as well as more appropriate targeting of resources as key benefits from the approach.

Many of these issues are covered in greater detail in the report produced by the Glasgow School of Social Work on their interim evaluation of UDSET <http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/evidence-and-learning-from-practice/>

Section 3: Related imperatives

Single Outcome Agreement, Community Care Outcomes Framework and NMIS

At the strategic level: In 2007, the Scottish Government reached a concordat agreement with local government, giving local authorities more responsibility for and control over the way they meet the needs of local populations. The development of Single Outcome Agreements (SOAs), whereby local authorities have greater freedom to set their own priorities, is a key component. SOAs are intended to reflect local needs, circumstances and priorities, but should be related to the relevant national outcomes. SOAs consist of a mix of national outcomes and local outcomes and indicators, and councils can also develop their own local indicators.

Underpinning the concordat is the concept of partnership working to achieve improved outcomes. From 2008-9 partnership must be reflected at the community planning level, recognising that the needs of individuals and communities have to be addressed collectively. By April 2009, all SOAs have to encompass the work of local Councils, Community Planning Partners including voluntary sector partners and Community Health Partnerships (CHPs). As well as promoting closer joint working, a further aim of community planning is to 'make sure that people and communities are genuinely engaged in the decisions made on public services which affect them.'

The importance of enabling people to live independently at home, and supporting carers, are both established aspects of the Scottish Government's approach to health and social care. Improving the planning and delivery of community care services has its part to play towards the Government's over-arching purpose of increasing sustainable economic growth, and in contributing to several of the 15 National Outcomes underpinning that aim, principally: [improving employment opportunities](#), [securing longer, healthier lives](#), [tackling inequality](#), [improving the life chances for children, young people and families at risk](#) and [strengthening public services](#).

The guidance for the Single Outcome Agreement for 2009/10 includes the following:

Strategic focus: manageable and meaningful number of outcomes and robust and measurable indicators – not a compilation of unprioritised plans and activities

About actual outcomes: clearly focus on people's quality of life and opportunities, and on the supporting social, economic and environmental conditions

Evidence-based: integrated area profile of social, economic and environmental conditions and trends, and consideration of future challenges and opportunities

Capable of delivery: clear line of sight to supporting plans and activities which should 'fall below the waterline', referencing the Community Care Outcomes Framework as an example of a supporting framework.

Promote continuous improvement: identify further work needed, including arrangements to support full ownership from all local partners and communities

At the partnership level: The Community Care Outcomes Framework is currently being promoted to health, social care and housing partnerships in Scotland as the gold standard for improving services. The Framework is consistent with the NHS

priority to *Shift the Balance of Care*, which is built on the assumption of an increase in care provided in community settings through greater levels of joint working between the NHS, local authority and voluntary sector partners. Partnerships can use the framework to understand their performance at a strategic level.

Underpinning the Community Care Outcomes Framework are expectations for high quality outcome-focused assessment, care planning and review through the National Minimum Information Standards (NMIS) (Scottish Government 2008) and capacity to share information electronically (*Better Health Better Care*) supported through the e-care programme and the UDSET (Cook et al 2007). The NMIS and UDSET are built on principles of partnership working between agencies as well as between agencies and service users and carers, as requirements for delivering good outcomes. During 2007/8, the three processes developed in tandem. Collaboration between these developments resulted in considerable overlap between them. Links between the Framework, the standards and the UDSET are identified in table 3.

Table 3: National Outcome Measures, NMIS and the UDSET outcomes

Measure	NMIS (2008)	Relevant UDSET Outcome	
		Service User	Carer
% users of community care services feeling safe	Data standard p20 (SUA) p41(SUR)	Feeling safe Social contact Responded to Listened to Respect	
% users of community care services reporting satisfaction with the opportunities provided for meaningful social interaction	Data standard P27 (SUA) p41 (SUR)	Seeing people Having things to do	
% users of community care services and carers satisfied with involvement in their health and social care packages	Data standard P36 (x2) (SUCP) p41 (x2) (SUR) p52 (CA)	Being listened to Treated with respect Having a say in services	Having a say Expertise recognised Choices in caring Partnership with services
% carers who feel supported and capable to continue in their role as carer	Data standard P21(SUA) P42(SUR) P52 (CA)		All carer outcomes
% of user assessments of needs completed in accordance with agreed national standards	Definition decision pending	Being listened to Having a say in services	
% of carer assessments of need completed in accordance with agreed national standards	Definition decision pending		Having a say Partnership with services
% of care plans reviewed within agreed timescale	Data standard P29(SUA) P35 (SUCP) P44(SUR) P54(CA)	Being listened to Having a say in services	Having a say Partnership with services

SUA= Service user assessment, SUCP= Service user care plan, SUR=Service user review, CA= Carer's assessment

(this table only links to NMIS data standards – guidance on links between UDSET and NMIS information standards [available by end December] at the user and carer section of the JIT website.

At practice level: The National Minimum Information Standards (NMIS) for all adults, covering Assessment, Shared Care/Support Plans and Review for service users and carers, evolved from the original Single Shared Assessment Guidance and were published in July 2008. The compendium includes standards for the identification of needs, intended outcomes and support. The standards are the 'national minimum' and should be adopted in all partnerships (as defined locally). They were developed to standardise the content of the various stages of assessment and care management as a pre-requisite for the effective recording and appropriate sharing of information for the benefit of service users and their unpaid carers.

There are two types of standards within the compendium. Information Standards describe the subject matter that must be included, without specifying exactly how it should be recorded. This leaves flexibility at local level as to how information standards are incorporated into tools and guidance. There is no intention that the wording in the national standard has to be mirrored exactly in tools. Compliance may be achieved by providing explicit guidance that ensures that the practitioner considers the item. Data Standards specify content at a more prescriptive level and include details on the format and codes to be used for each standard. Data standards are particularly useful where there is a strong consensus on the exact content and where the data gathered are intended to be transferred across different systems.

The standards set out the minimum information which all professional groups within health, social care and housing would expect to record, a 'core' of information to which specialist modules can be added. Once this core information has been gathered it can be shared between the relevant professionals as appropriate, avoiding the need to gather the same information repeatedly. To meet the standards, local tools and electronic systems or processes should have the capability to record every data item in the standards. There is no presumption that every item will be recorded for every person. For example, it is possible that fewer items will be recorded for individuals with relatively simple needs.

As the NMIS and UDSET developed in tandem over eighteen months, each was adapted to ensure correspondence between them. The NMIS now include identification of intended outcomes in addition to identification of need, and they contain four data standards which correspond broadly to UDSET outcomes and relate directly to the first four measures in Table 3. This means that partnerships implementing the NMIS can capture data relevant to both UDSET and the Community Care Outcomes Framework. However, it is important to note that the data standards only provide a partial snapshot of outcomes for users and carers. There are more qualitative outcomes-focused links between the NMIS information standards and UDSET and guidance identifying these links is available on the JIT website. Meanwhile, the emphasis in the NMIS that partnerships should retain the capacity to implement the standards according to local practice and preference, is also now reflected in the UDSET. The UDSET also corresponds with the NMIS in that UDSET guidance suggests that outcomes can be implemented most effectively by incorporating them at assessment, care/support planning and review stages.

Overall, while the NMIS provide minimum standards for data collection across partnerships, the UDSET focuses more specifically on involving the user or carer in identifying the outcomes they want to achieve at the assessment/care planning stage, with capacity to revisit whether intended outcomes have been achieved at review. Work is continuing to identify how the UDSET can support measurement of outcomes for planning and performance management purposes. Development work is continuing on the NMIS to ensure that quality is achieved as well as adherence to minimum standards.

Finding resources on the JIT website

User and Carer Involvement: An Outcomes Approach

Over the past two years, in conjunction with pilots sites, the JIT has developed and gathered a wide range of resources to support partnerships to embed user and carer outcomes in practice. While partnerships have identified that they welcome examples and existing resources from UDSET pilot areas and prefer to avoid 'reinventing the wheel', they have also confirmed that a flexible approach is preferred in developing local approaches.

The user and carer section of the JIT website is being updated regularly and has been restructured to support partnerships to find a range of reports and materials under key themes. The front page of the website includes the original as well as this update report and a support pack for staff which explains the UDSET in brief, and includes hints for staff. Other sections of the website:

- Outlines the **Background**, from initial research, to piloting and development of the UDSET.
- Includes information for **Service Users and Carers**, such as information sheets explaining what the UDSET/CDSET are and powerpoints which can be used in workshops with service users and carers.
- Shares the **Evidence and Learning from Practice**, including a report from a workshop for all pilot sites in January 2008, the interim evaluation of UDSET by the Glasgow School of Social Work and a report on recent evidence on outcomes focused assessment from North Lanarkshire.
- Provides access to **Training Materials** developed to help with UDSET implementation. These include powerpoints which can be used in workshops for staff, training exercises on quality assessment from East Renfrewshire and guidance on overcoming communication difficulties.
- Provides access to **Sample Tools** for assessment, care/support planning and review, as well as evaluation.
- Provides a range of materials and support relating to UDSET **Data Management**. These includes reports from relevant workshops held over the past year, guidance on managing qualitative data and some initial tools to support data management.
- Describes the use of, and includes examples of **Digital Stories** to reinforce the UDSET outcomes and to share experiences of using the UDSET in practice.

<http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/>

Appendix 1: Prompts for UDSET outcomes for service users

Prompts derived from SPRU and practical application of the UDSET

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Social contact: The person feels that they have enough contact with significant other people and that they have opportunities for social participation (to avoid isolation). This can include family, friends, other service users and staff.

Having things to do: The person has opportunities to undertake activities which interest them, both at home and outside the home (if they wish). This can include hobbies, voluntary work, education and employment.

Safety: The person feels safe and secure at home and in their community. The person feels safe and secure when using services. The person also feels emotionally safe and can rely on access to support when they feel less safe. Where significant concerns about risk arise consideration should be given to a risk assessment being undertaken.

Staying as well as you can: The person feels that they are as physically and mentally well as they can be, given any illness or condition they have.

Living as you want/where you want: The person is able to plan and have control over their daily life and is able to live where they want

Change outcomes

Change outcomes result from tackling barriers to achieving quality of life, or from reducing risks. For some people it may be possible to identify a point at which the change has been achieved or partly achieved, and the focus moves to maintaining quality of life.

Improved skills: Relevant where staff are supporting the person to regain skills and capacities

Improved confidence/morale: The person is working towards dealing positively with changed life and health circumstances, and/or personal and societal attitudes towards ill health and disability.

Improved mobility: The person is working towards improved ability to get around within the home and/or outside (includes equipment, adaptations, therapy, transport)

Reduced symptoms: Experiencing fewer symptoms, feeling less depressed or anxious, improved sleep, improved relationships

Process outcomes

Process outcomes are the impacts of the way the package of service is provided, or how the person is treated by staff.

Being listened to: The person feels that their views about their own situation are listened to by staff

Being treated with respect: The person feels that they are treated as someone who has a right to services and as a fellow human being who has individual needs

Choice/having a say: The person's views are taken into consideration in deciding on a care package, including the nature and timing of support

Reliability: The person feels that they can rely on staff to turn up when they say they will (or be notified if there is a change of plan) and do what they say they will

Being responded to: the person feels that services respond to their changing needs and that they can rely on services to respond if particular difficulties arise

Prompts for CDSET outcomes for unpaid carers

Prompts derived from SPRU and practical application of the CDSET

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Health and wellbeing: Negative impacts of caring on health and wellbeing are minimised. The person has sufficient sleep, exercise and some fulfilment in their life.

Having a life of their own: The carer is able to engage in activities which are meaningful to them, including employment where relevant, and to maintain social links, or meet other obligations.

Supporting or improving the relationship with the cared for person: The carer feels sufficiently supported to maintain, or where relevant improve their relationship with the person they care for, including access to mediation where views conflict.

Accessing financial advice: The carer has access to information about benefits entitlements and other financial advice for both the cared for person and him/herself.

Managing the caring role

A specific focus on the carer's role can be beneficial for the carer in enabling them to reflect on their own needs and intended outcomes:

- Informed choices about caring, including limits: Giving the carer an opportunity to think about whether, how and to what extent they want to continue caring.
- Being informed/skilled/equipped to care: Access to information, training and equipment relevant to the cared for person's needs, to increase carer confidence and skills.
- Satisfaction/sense of achievement in caring: Despite any stress experienced in relation to caring, the carer achieves a sense of satisfaction from this role.
- Partnership with the service: The carer is treated as a key partner by services involved in the cared for person's life, including active involvement in decision-making

Process outcomes

Process outcomes are the impacts of the way the package of service is provided, or how the person is treated by staff. Taking time to establish the processes most relevant to individual carers will be an important condition for the achievement of quality of life outcomes.

Value and respect them and recognise their expertise as carers: The carer's expertise on the needs of the cared for person is acknowledged and promoted and the carer is valued for their input accordingly.

Give them a say in service provision and in shaping services: The carer feels that their views are taken into account by services in deciding on the care package, and that their views are fed into the future shaping of services locally.

Respond to their changing needs: The carer feels that services recognise their needs as an individual and that they services will respond to changes in the caring situation.

Have meaningful relationships with them: Positive or meaningful relationships with staff so that the carer feels able to communicate both their needs and the needs of the person cared for.

Provide accessible and available services: The carer can access services which are not overly bureaucratic and does not have to wait for months to obtain services. Given that reduced income and additional costs are often associated with the caring role, the carer should not be excluded from service provision due to excessive costs.

Appendix 2: Additional outcomes

The outcomes below all featured in the original research by SPRU with older people. In the subsequent work by Glasgow University and in piloting work with the JIT, where the focus has been on identifying a manageable number of core outcomes, these examples did not appear to be relevant to all care groups and all geographical locations. However they still merit consideration and can be included according to local requirements.

Category	Outcome	Prompt
Quality of Life	Personally clean and comfortable	A person who is unable to carry out their own personal care is personally clean and comfortable, presentable in appearance and has a balanced diet
Quality of Life	In a clean and comfortable environment	The immediate environment is clean enough to avoid harm to health and prevent deterioration in morale
Quality of Life	Managing stigma/discrimination	The person is supported to overcome experiences of stigma and/or discrimination, whether within services or the wider community
Services fit with other sources of assistance	'Good fit' with cultural and religious preferences	The person feels that services take account of relevant preferences, such as the way tasks are performed, expectations of family members, language skills and nature of appropriate food and activities
Improving income	Maximising benefit income	Could be a one-off aim, but if managing finances on a continuing basis were involved this would become a maintenance or quality of life outcome