



**South West Glasgow**  
**Community Health & Care Partnership**

## **SOUTH WEST COMMUNITY HEALTH CARE PARTNERSHIP**

### **JOINT IMPROVEMENT TEAM-USER DEFINED SERVICE EVALUATION TOOLKIT**

#### **IDENTIFYING USER OUTCOMES**

#### **FINDINGS FROM SWCHCP PILOT STAFF SURVEY OF 25 SERVICE USERS WITHIN OLDER PEOPLE & PHYSICAL DISABILITY CARE GROUP**

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## APPENDICES

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## Membership of Glasgow South West Community Health Care Partnership Steering Group on User Defined Service Evaluation Toolkit (UDSET), Identifying Service User and Carer Outcomes

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# **SOUTH WEST CHCP UDSET OUTCOMES PILOT OF 25 SERVICE USERS**

## **1. Introduction**

In order to develop and measure Service User outcomes as part of a national agenda South West Community Health Care Partnership (SWCHCP) agreed to participate in a Pilot study to identify and measure differences and impacts that services made to service users using an outcomes based approach as part of potential future performance reporting requirements.

During July and August 2008 South West CHCP staff (11) conducted Interviews with 25 service users within Older People & Physical Disability care group as part of current care management review processes. An outcomes approach would be added to existing care management review interviews and processes to test if outcome prompts, using a questionnaire, offered additional insight into users experiences, perceptions and satisfaction levels about services.

SWCHCP staff identified appropriate service users that were due for care review and after consent was agreed with service users the interviews took place as part of, and in addition to planned review processes. Previous assessment and review practices could contribute to the identification of outcomes but these were not always identified explicitly, consistently, or fully recorded as reference points to evaluate service delivery or performance. Similarly existing performance indicators in Glasgow are not yet particularly outcome focused or “routinely measured across all care groups” (SWIA Inspection 2007). The pilot study was seen within SWCHCP as an ideal opportunity to consider the identification and consideration of outcomes in future participation, engagement and monitoring processes with service users and carers.

## **2. Background**

Using initial guidance, frameworks and approaches (see Appendix 4) developed by the Universities of York and Glasgow, Department of Health (DOH) funded research and the Joint Improvement Team (JIT), a SWCHCP Steering Sub group was established and devised a questionnaire to test consideration of outcomes with service users. The questionnaire attempted to gauge service engagement, service provision, satisfaction and changes around the 14 suggested outcomes outlined below in the DOH study in addition to reviewing existing service provision by traditional methods of performance measurement and reporting.

Care management reviews were considered to be a pragmatic approach for this pilot to allow initial testing of the questionnaire. Outcomes should ideally be discussed and identified as an objective of user and carer discussions and of service provision at initial engagement and assessment stages based on service user needs and aspirations. In addition future service specifications and contracts with service providers will need to reflect an outcomes based approach to further personalise services.

This would also contribute to three core recommendations of the “Changing Lives: Report of the 21<sup>st</sup> Century Social Work Review” to have:

1. “Participative and empowering assessment”
2. “A performance improvement framework for all social work services, based on outcomes”
3. “Development of tools to share learning and support practitioners to improve and evaluate outcomes”

Outcomes could then be identified and discussed with service users and carers in partnership. Outcomes could then be fully recorded and developed within care plans and monitored and discussed with service users and carers and care and support providers throughout future service provision and through audit and review processes.

The Personalisation and individual budget agenda also includes outcomes as a key component in providing services and in measuring service performance.

## Department of Health Funded Research 2004-2006 –14 Identified Outcomes

Outcomes can be defined as:

- The impact or end result of service(s) on a person’s life.
- The service user or carer is involved in partnerships to identify desired outcomes that are important to them using language that is meaningful to them.

The Department of Health funded research and further academic research which fully consulted with service users identified the following 14 outcomes as most relevant and meaningful to service users in measuring services and discussing changes to their circumstances. These 14 outcomes are traditionally categorised as either Process, (Engaging) Maintenance (Quality of life) or Change (Confidence, Skills & Mobility) outcomes. Ideally Maintenance and Change outcomes will be identified at initial engagement, assessment and care planning stages and then all three types of outcomes will be checked for progress at care review stages

A similar but more relevant set of suggested outcomes was also developed for carers. A pilot in North CHCP, and a small study in SWCHCP will consider outcomes for carers during November 2008.

### 14 Outcomes

Quality of life (Maintenance)	Process	Change
Feeling safe	Listened to	Improved confidence & skills
Having things to do	Having a say (Choice)	Improved mobility
Seeing people	Treated with respect	Reduced symptoms
Staying well	Responsiveness	
Life as want	Reliability	
Dealing with stigma		

### User Defined Service Evaluation Toolkit (UDSET)

The core documentation framework that directed discussion and approaches to this pilot were the Joint Improvement Team’s “Do Health & Social Care Partnerships Deliver Good Outcomes to Service Users & Carers? Development of the User Defined Service Evaluation Toolkit (UDSET)”. This framework provided initial questionnaires and guidance on outcomes to date and provided a useful starting point for SWCHCP to develop a similar questionnaire tailored to SWCHCP’s requirements. Secondly the National Outcomes Framework: Community Care Measures includes the themes User Satisfaction and Support for Carers. In addition core Social Work and CHCP practices and values developed locally as part of incorporating national policies on National Minimum Information & Data Standards, Assessment, Care Management Framework and Carers

Assessment directed our approach to current practice and the development of the pilot Questionnaire. Finally the Care Commission, the Crerar Report, the Social Work Inspection Agency, and Single Outcome Agreements now identify outcomes as core data to be collected and used in performance reporting and management.

Prior to the Pilot beginning, service users, the core Steering group and staff who would be conducting interviews, were invited to design and comment on the outcomes questionnaire on numerous occasions. Staff were then briefed on the requirements and processes involved in conducting the interviews using further UDSET guidance which provided further prompts for discussing outcomes with service users to identify the real differences services made to users. The further prompts were an attempt to help frame discussions with service users and to lessen the questionnaire type approach which might not be conducive to meaningful discussions with service users about their needs.

### Second Pilot in SWCHCP

JIT members joined SWCHCP's Steering group and also provided funding, after competitive interviews, for an Independent organisation, FMR Research, to conduct 50 additional Interviews with service users on behalf of SWCHCP. FMR would also be testing the use of outcomes to identify and measure service users experience of services using outcome based prompts during interviews. However, FMR's approach would concentrate on narrative qualitative responses rather than quantitative ratings/scores. This additional pilot conducted by independent interviews by FMR would add independent validation to the process and allow for some comparing and contrasting with the SWCHCP staff pilot.

The service users interviewed by FMR within OPPD were receiving services but not due for care management reviews and lived within a variety of different accommodation settings and received a variety of services

### 3. Questionnaire Sampling SWCHCP x 25 Service Users

The over-riding factors in choosing the SWCHCP staff sample were initially based on 1. The care group Older People & Physical Disability (OPPD), 2. Service users who were due for care management review and 3. The need to reflect different accommodation settings and different types of service delivery. Senior staff managers either chose service users or agreed chosen service users with staff based on due for review dates. Two chosen service users had to be cancelled and two other samples chosen due to ill health and family circumstances.

#### Sample categories of 25 Service users within Older People & Physical Disability

Categories							
<b>Care types</b>	Frail Elderly 12	Dementia 8	Physical Disability 4	Complex 1			
<b>Types of service</b>	Homecare 8	Nursing 5	Residential 3	Day care 2	Day Opportunities 2	Support package 3	Supported Living 2
<b>Accommodation Type</b>	Own Home 16	Care Home 8	Sheltered Housing 1				
<b>Ethnicity</b>	Scottish White 25						

<b>Living Alone</b>	8 of 25						
<b>Date Service started</b>	2000 3	2002 1	2004 2	2005 4	2006 2	2007 5	2008 8
<b>Age profiles</b>	40-60yrs 3	61-70yrs 2	71-80yrs 13	81-90yrs 4	91+ 3		
<b>Gender</b>	Male x 9	Female x 16					

#### 4. Approach to Pilot

The structure of the questionnaire (Appendix 3) was chosen to identify differences and impacts for service users based on the 3 categories of Process, Maintenance and Change via the 14 outcome measures outlined above using 5 sections. In addition the steering group agreed to approach this logically and sequentially as a typical service journey starting with:

Section 1 **Process issues** (dialogue with service users, being listened to, etc)

Section 2 **Quality of life issues** (Maintenance, how do you feel about? etc)

Section 3 **Change issues** (what difference has the intervention/service made to you? etc),

Section 4 **Overall satisfaction** (based on getting what you wanted and helpfulness of staff, etc)

Section 5 **Open ended** questions (what's important to you, what's good or bad about the service & what can we change for service improvements?)

Two broad approaches of quantitative and qualitative measurement were established to provide better indications of identifying and measuring changes to service users using outcome measures.

Traditional Quantitative numerical measures would be identified using scaling from 1 to 6. This method of scaling was chosen to try and easily identify "Satisfaction/Dissatisfaction" "Supported/Not supported or Improved/Deteriorated ratings depending on the section of the questionnaire that these ratings were most relevant to. These ratings are also a quick and simple method of allowing service users to easily and quickly grade a service. It is also a simple method for aggregating and managing data to give various types of indicator of satisfaction, support or improvement.

Overall satisfaction identification is also a key Council objective and is a key theme in the National Outcomes Framework: Community Care Measures 2008 and these rating methods were preferred rather than a series of statements asking users to either Agree or Disagree to help get more detail from responses. It was also recognised that with the best will in the world interviews about outcomes and services could be sensitive and not all users would provide detailed comments on some or any issues despite being prompted in the most sensitive manner and setting. This issue has generated the most amount of debate about how best to gather service user and carer feedback using the most user involvement with the least intrusion.

The quantitative ratings narrative chosen for questionnaire sections based on satisfaction, being supported, and improvement changes were:

<b>1. Satisfaction with Staff &amp; Services &amp; 4. Overall Satisfaction levels</b>	<b>2. Support with quality of life issues</b>	<b>3. Changes to your life</b>	<b>5. Open ended Questions</b>
Very Satisfied	Very Supported	Greatly Improved	Yes or No
Satisfied	Supported	Improved	Good or Bad

Not satisfied	No Change	Stayed the same	Any other comments you wish to make
Dissatisfied	Unsupported	Deteriorated	
Very Dissatisfied	Very Unsupported	Seriously deteriorated	
Don't know No comment to make	Don't know No comment to make	Don't know No comment to make	Don't know No comment to make

In addition to numerical information for each of the 5 sections of the Questionnaire staff were requested to ask service users to augment/support their quantitative ratings with detailed narrative qualitative responses to support and enhance quantitative data. Narrative was sought but as it will be outlined later this can be harder to obtain for a number of factors such as appropriateness of question or the rating, interest/inclination of the service user, understanding, process/purpose of the interview etc.

## 5. Analysis

Analysis of the quantitative data was fairly straightforward. Harminder Ghatrae, Performance & Research section, GCC, designed an excel spreadsheet that created percentage totals and graphs when raw data was inputted to create totals across the five sections of the Questionnaire (see Appendix 1). In reporting narrative themes from users it was decided to reduce use of the prompted themes and outcome theme language and rely on service users validating either positively or negatively on themes or outcomes in their own words. For example if service users were asked about listening or choice then these particular words have not been re-used to identify trends. Instead service users experience of these themes were gathered using narrative or feedback such as good or bad, better or worse, supported or unsupported and finally improved or not improved.

The more difficult part was using the service user's comments to add to the overall picture and gain more useful insight into service user's experience of staff, services, support with quality of life issues and actual changes/differences based on service provision. Rather than counting how many times, for example, "support" was used and not wishing to use prompting words such as reliable or choice etc, themes were drawn from service users choice of words such as "feeling better" "helpful" "caring". With only 25 cases to analyse this was relatively straightforward although subject to some individual interpretation. Analysis was undertaken by staff not involved in any of the interviews. However, the narrative content allowed for greater understanding of the context of users ratings/scorings and added a richness of detail not found in traditional quantitative analysis.

More thought will need to be given to how analysis will be undertaken with large numbers of service users using this technique. Similarly staff recorded responses from conversations with users by hand using the questionnaire form, unlike the FMR pilot where all interviews, except one, were recorded. Service user comments recorded by staff using questionnaires may therefore be subject to shortening, editing and paraphrasing as discussions and questionnaires were conducted and completed as part of care management review interviews. In addition questionnaires could be fully completed in some cases after the interview/discussion back at the office.

Consideration will also need to be given to how best to incorporate outcome data into electronic assessment tools such as CareAssess which Glasgow is adopting to record needs and outcomes. In addition staff feedback suggested seeking ratings through "satisfaction", "supported" or "Improvement" were open to interpretation and were potentially interchangeable. Staff were also keen not to turn engagement and sensitive discussions with vulnerable service users and carers into clipboard type surveys. Measurement was therefore based on a mixture of quantitative scores

supported by detailed contextual text to explore what outcomes were important to users and how they rated current service provision.

## 6. Findings Summary

In determining findings particular emphasis has been placed below on examples of outcome measures that support the 4 Community Care measures identified in the National Outcomes Framework, Community Care Measures 2008. These are:

Themes	Service users
User Satisfaction	
1.	% of community care service users feeling <b>safe</b>
2.	% of users and carers <b>satisfied</b> with their <b>involvement</b> in the design of their care package
3.	% of users <b>satisfied</b> with <b>opportunities</b> for social interaction
	<b>Carers</b>
Support for carers	
4.	% of carers who feel able to continue their role

The 3 service user outcome measures are incorporated within the 14 outcome measures discussed above. However, a matrix outlining all of the relationships between national and local outcome measures and their origins and purposes would be useful for full clarity as this area is becoming increasingly complex and difficult to cross reference with so many reporting frameworks in existence.

The quantitative scores are available for every question and averaged for every section (Appendix one and two). On this basis overall scores are high at averages of:

Questionnaire Sections	Average Score	Scoring definition
Satisfaction with Staff & Services	84.5%	Very High <b>81-100%</b>
Support with Quality of Life	77.16%	High <b>61-80%</b>
Changes to your life	49.25 or 58%	Medium <b>41-60%</b>
Overall satisfaction	86.3%	Low <b>21-40%</b>
Open ended questions (x 3)	78.6%	Very low <b>0-20%</b>

Changes to your life question resulted in a very high (87%) don't know/no comment return for education, training and employment which substantially altered this average so I have shown this average with and without the employment question above.

### Frequency of the 14 Outcomes

Of the 14 outcomes used as prompting text the following six (two from each heading of Process, Quality of life and Change) emerged as the ones users either rated most highly, provided most narrative text or helped to inform responses or had relationships to other outcomes. However, as all outcomes were prompted for they all featured and users responses depended on what was important to them in the context of the discussion subject. By contrast a reliable service or being treated with respect could score very high but could be taken as a given and not generate any discussion or supported comments/text from the service user.

Process	Maintenance Quality of life	Change
Listened to	Feeling safe	Confidence
Responsiveness (to needs not wishes)	Seeing people	Reduced Symptoms (wellbeing)

The overarching themes that emerge from each of the five sections of the questionnaire were:

### Section 1 Process issues-Satisfaction with Staff and Services

- Very high (84.5%) quantitative satisfaction levels with issues such as engaging with staff and service delivery

Positive narrative responses included:

- non judgmental
- staff don't let me down
- needs met
- staff being attentive and respectful
- service users being offered options were possible.

Negative responses included

- sometimes there is a delay
- not always funding
- very satisfied with worker but not homecare timings
- except when insufficient staff numbers mean I have to go into hospital

### Section 2 Quality of Life (Maintenance) Issues-Safety & Activities

High support levels were recorded for Quality of life circumstances (77%).

Positive comments included:

- staff alert to changes in my condition
- can now go out with wife
- treat me very well
- always staff around and location secure

Negative although contextual narrative featured around

- inadequate levels of service based on limited resources
- requests for more services and activities
- low staffing levels
- continuity of staffing levels
- the restrictive manner in which service provision was either provided or its restrictive timing.

### Section 3. Change issues-Confidence, Mobility & Symptoms

Medium improvement levels were recorded for changes to life (49% excluding employment 58%)

Positive comments included:

- will try to get out more as I don't worry the same
- staff assist with mobility
- well being good and I am happy

Negative although contextual narrative featured around

- pre-existing health conditions limiting capabilities, confidence levels and lifestyle choices
- mobility restricting opportunities to engage in activities
- feel supported but remain feeling frail and depressed

#### **Section 4, Average satisfaction issues-helpfulness & concerns**

Very high satisfaction levels for getting what I wanted from the service (88%), helpfulness of staff (82%), were recorded and complaints/concerns dealt with (79%) scored at the top end of high.

Positive comments included:

- Feel mentally much better
- Delighted with current service
- Didn't think the service would make much difference but I feel mentally better now

Negative comment included:

- Staff helpful but turnover causes continuity problems
- Though it took a long time to get the package organized
- Grandson said welfare guardianship took too long

#### **Section 5 Open ended questions-Staff & Services**

This section asked 3 main service questions about,  
Can the service be improved (yes 48%),  
Was the service good (95%) or bad (5%) or  
Were staff good at their job (good 89%)?

Responses to the open ended questions were therefore particularly positive, with almost all service users responding that services were good. Although services scored very high, nearly half of service users were also able to identify improvements that they would like to see.

Suggested improvements included:

- More transport
- More backup staff to avoid hospital admission
- Greater continuity of staff
- More of a service
- More suitable activities

Whilst a small sample size of 25, these findings are very similar to the main conclusions of the University of Glasgow research (230 users) "Users and Carers Define Effective Partnerships in Health & Social Care" (September 2007). That research similar to this study, amongst other things, noted that "people often reported that they were happy with their services, even though many quality of life indicators were not being met" or were less satisfactory than other outcomes such as process outcomes. How users were treated by staff was at least as important as the service itself

or the changes services brought about and affected users views on respect and improved confidence and safety. The DOH research also found that key barriers to outcomes included resource limitations, and lack of continuity of staff.

Finally and crucially the outcomes framework model of 14 outcomes were very interdependent and could not be seen in isolation or as fully independent of each other, for example:

- Seeing people contributed to feelings about safety and confidence
- Mobility affected ability to get out and living life as you wanted
- Health conditions affected ability to engage in activities and confidence
- Being listened to affected users views on whether users believed staff respected them.

## **7. Detailed Findings:**

Detailed findings are grouped under the 5 sections of the questionnaire format. Findings have been grouped together within the top two or the bottom two ratings such as very satisfied and satisfied or very dissatisfied and dissatisfied.

### **Findings: Section 1. Satisfaction Levels with Staff & Services.**

#### **Quantitative findings**

Satisfaction levels were very high ranging from 75% satisfied regarding responding to wishes and 92% satisfied regarding staff listening to users. Overall satisfaction levels across 6 Indicators in this section averaged 84.5%. The highest Dissatisfaction level (21%) occurred regarding the service responding to users wishes. This finding may be indicative of service users perceptions and expectations of what services should provide or how services are commissioned and delivered over long periods of time and unable to meet changing circumstances. Commissioning of services is also one of the major factors outwith the control of local staff.

#### **Qualitative Findings**

Positive narrative regarding satisfaction with staff and services concentrated around caring, being attentive and meeting needs. Quotes include "on time and get what I have asked for" and "happy with service, company and activities".

Negative wording including timings of the service, staffing levels and limited range of choices.

#### **Example: Section 1. Being Listened to**

17 out of 25 interviewees commented on being listened to. Of that figure 3 were negative or mixed responses, with two people saying they were sometimes or mostly listened to and the third saying that there were initial problems with being listened to, but that this had been resolved. Of the majority who made positive comments, most were general statements about being listened to and staff being attentive. Two people specifically said that staff listening to them reduced their anxiety, "Yes, and this lessens my worries." One family carer said that although their relative was mainly listened to, there were problems with changes of staff, because new staff members had to learn how to communicate with and get to know the person and their needs.

## **Example: Section 1. Choice/Having a say**

19 people commented on choice. Some were mixed comments, indicating limits to choices within services. These comments suggested that some homecare services were sometimes seen as too task-oriented, that the timing of homecare was not always suitable and one service user stated that the quality of food was very poor. One person commented that there was a limited range of choices in what could be done for them due to their condition which limited their options for involvement.

These comments although limited to a few support recommendation 11 of Social Work Inspection Agency's recent performance Inspection of Glasgow's Social Work service concerning Direct & Care Services (DACS), 2007 that:

"Social work services should review their service level agreement with DACS to ensure that homecare services are sufficiently personalised".

The University of Glasgow research on Homecare also identified that service users had very little say over timings of tasks undertaken by Homecare services.

In contrast the majority of positive responses included specific reference to ample choices in food, clothing and participating in activities, suggesting no clear pattern of poor overall service but that views were shaped by individual preferences and circumstances.

## **Example: Section 1. Responsiveness to Needs**

20 people commented on the responsiveness of services. 4 of these were negative comments based around insufficient funding or insufficient staff, and timing of homecare. A fourth individual, who had voluntarily moved into a care home, was generally unhappy with her decision and wanted to return home. For this individual, this situation influenced her responses. Of 15 positive comments on responsiveness, several people specifically said that service responsiveness had supported them to engage in social activities – "I am able now to get out with my wife." Most comments were general positive reflections on the service with specifics as follows:

"Yes, if I buzz someone will come"

"I don't know what I would do without the service."

## **Findings: Section 2. Support with Quality of Life Issues.**

### **Quantitative findings**

Support levels were high ranging from 65% regarding being allowed to take part in activities of their choice and 92% regarding being treated fairly & equally. The highest unsupported level (29%) occurred regarding staying well & healthy. However, qualitative findings discussed later suggests service users believed being unwell or their current medical condition prevented them from taking more part in life circumstances rather than a dissatisfaction with support being directly related to service provision.

### **Qualitative Findings:**

Positive narrative responses regarding Quality of life issues included good support, improvements in feeling safe and being given help to cope. Negative narrative included medical conditions

impacting on being able to participate such as dementia or mobility issues or wishing for more of a service.

### **Example: Section 2. Feeling safe**

18 out of 25 individuals commented on this outcome. 76% of respondents rated supported or very supported with their safety. There were no negative comments on this theme, making it one of the most positive outcomes from the research. Although one person said that their father had got out recently and this had resulted in injury, measures had subsequently been put in place to avoid a repetition of this. One person, who was generally very negative about being in the care home environment, did report feeling safe. A few comments were general reference to feeling safe, comfortable or secure. However, most references included direct links to the impact of services on safety, including confidence in the care received and the appropriateness of the care setting. Four people directly attributed their feeling of safety to the influence of staff, including one person who appreciated that staff had noticed deterioration in his condition and sought medical attention for him. "I feel safe and have confidence in staff." Safety meant different things to different people with safety being thought of as affecting perceptions of mobility, falling, safety as security within the home or going out into the external community/environment.

### **Example: Section 2. Having things to do (Activities)**

18 out of 25 people commented on activities. Of five negative responses, only one stated "I feel that there is a lack of suitable activities provided within the care home." Two people said their activities were limited due to their poor health status and the other two identified that they did not want to participate in activities. Four people identified that as a result of services, they were now able to go and get out and about "I am better now that I can get out." One carer highlighted that staff encouraged their father to participate: "My father does not join in activities but enjoys people-watching. Staff always make an attempt to have him join in or sit in the area that activities are taking place." Another relative said of her husband: "My husband likes it when the support workers are able to talk about football. He is not able to communicate easily but his face lights up and he becomes quite vocal, making sounds, when he listens to any chat about football."

### **Example: Section 2. Seeing people**

18 out of 25 people commented, with three negative comments. These included comments about limits to service: "I am not always getting as much company as I wanted." The word 'company' was used by several individuals as being important in what they valued and appreciated. One carer identified benefits for both herself and her husband: "The service allows me an opportunity to get out during the day and gives my husband company outwith family members." Relationships with staff were emphasised frequently as being important in relation to this outcome:

"It's great seeing people other than my family"

For those who were less able to get out and about, contact with staff at home played an important role in their lives.

"The world outside doesn't exist for me. I need it to come to me. The workers do this when they visit. They tell me about what is happening."

## **Findings: Section 3. Changes to your life.**

### **Quantitative findings.**

Improvement levels ranged from 37% for mobility issues to 80% for general well being. Mobility tended to be a factor in restricting activities such as going out whilst users suggested services contributed to their well being in many cases. 18% of service users stated deterioration with their level of mobility but users expressed this as part of their health condition rather than a reflection on the service. 36% of users thought mobility had stayed the same. One of the questions in this section asked about opportunities for education, training & employment. Whilst this question might have been considered as not as relevant for many service users in this care group the two users who did respond stated that “opportunities were always available and graded for abilities” and “I attend Junction 52 and participate in educational social activities”.

### **Qualitative Findings:**

Positive narrative regarding changes to life included increases in confidence, mobility, activities and stopping deterioration. Negative narrative included "no change", "failing memory" and "condition limiting mobility" which again reflected users condition rather than the service provision. However, perhaps more service re-design & better aids & adaptations or increasing use of technology could assist in mobility and Dementia cases. This is one of some examples suggesting greater partnership or co-ordinated approaches with housing providers, hospital services and other partners needs to be fostered instead of individual service/partner responses to service provision.

### **Example: Section 3. Improved confidence**

20 people commented on their level of confidence with 66% stating improvement. There were only two negative comments from individuals which indicated that their confidence was not much improved. 17 people indicated an overall increase in confidence, identifying preventing deterioration and improved confidence in getting out and about. Improved confidence seemed to be a particularly strong theme for this group of service users, and impacted with other outcomes, particularly relating to quality of life outcomes such as taking part in activities.

“My confidence was shaken but services have helped”

There was also a strong emphasis of the knock-on effect for family and carers in relation to confidence, both in relation to the confidence of the service user and to their confidence as carers. One carer commented I have confidence “in the service giving me a break”

### **Example: Section 3. Improved skills and abilities**

15 people commented on this outcome with 48% stating improvement. One person was concerned about the impact of their poor memory on their skills. Another did not think services had made much difference. Of the remaining 13 the comments were fairly positive. As with confidence this outcome was related to improved quality of life, with comments about improved abilities and skills being related to being able to get out and about and engage in activities.

“I am able to take part in new activities and this makes me feel good”

There were also a few references to staff enabling individuals to regain skills.

“I am cleaning more as staff encourage me.”

## **Findings: Section 4. Broader satisfaction levels.**

This section asked service users if they got what they wanted from services, helpfulness of staff and were complaints/concerns adequately dealt with.

### **Quantitative findings**

Satisfaction levels ranged from 79% for complaints or concerns dealt with to 92% regarding helpfulness of staff. 88% of users suggested they got what they wanted from the service. Only 8% of users expressed dissatisfaction with either getting what they wanted from the service, helpfulness of staff and complaints/concerns being adequately dealt with.

### **Qualitative Findings:**

Positive outcomes here included being able to live at home, "staff being a lifeline" and receiving the required support. Negative elements included turnover of staff affecting continuity of service and length of time to get service provision.

## **Example: Section 4. I got what I wanted from the service**

19 people commented on this. Six were ambiguous or negative responses, including one individual who was dissatisfied with the length of time it took to get a guardianship order, one who felt that although the service was good, they wanted another day and another who felt there were delays in the services:

"I thought it took a long time to get the package organised."

Most of the comments were, however, positive and included general summaries of the impact of services overall.

"I am very happy with the service provided. I like going out every day and attending the day centre. It is an ideal provision for me as I have company and feel relaxed."

"I feel confident that I am able to provide the support that my husband requires. He seems happy and this makes me feel relaxed and comfortable."

## **Findings: Section 5. Open ended Questions for Service Users.**

### **Quantitative findings**

This section asked about changes to improve services and whether staff or services were good or bad. 52% of service users thought of no changes to improve the service and 48% suggested changes to make improvements included no charges for pensioners for shopping, replacement transport and greater staffing levels. 95% and 89% of service users thought services were good and staff were good at their job respectively.

### **Qualitative Findings:**

Positive factors included caring attitude of staff and taking pressure off carers. Desired service improvements included increasing staffing levels and levels of service, less task orientated services with more time spent with users, more suitable activities and more choice with food. Most users thought staff and services were good.

## **Example: Section 5. Changes to improve services**

11 people responded to this question. Most responses emphasised the need for more increases in either aspects of services or staffing levels. Suggestions include more transport, more backup staff and greater continuity of staff, more service and more suitable activities. One person thought there should be no charges for shopping or housework for pensioners.

The subtleties of what users wanted from services were reflected in the following statement:

“Carers could spend more time with the client. It is a very task-oriented service.”

## **Findings by Categories**

In addition to identifying overall trends data were analysed by the following sub categories based on larger sub groups of the 25 service users groupings to see if any additional patterns emerged regarding safety, confidence levels or engaging in social activities/being with people:

### **Accommodation**-Own home (x16) or Care home (x5)

Service users receiving support in their own home were positive about staff helpfulness and responsiveness and issues or concerns were mainly about getting more of a service, staff continuity and limitations of service timings. Care home service users tended to be more frail and 4 of the 5 had Dementia which affected their ability to choose or in taking part in activities. Dissatisfaction was mostly connected with deteriorating health issues with client and guardian commenting in one case about deteriorating health and that this was not felt to be a result of any shortfall in services.

### **Gender**-Male (9) or Female (16)

Health was the main factor in determining whether engagement in social activities or increase in skills and abilities occurred rather than gender. All 4 participants of daycare or day opportunities were female. Females tended to mention visitations, company and the positive aspects of staff and family visiting more than males.

### **Living Alone** (8) or not (17)

The importance of company was mentioned as particularly important by those service users who lived alone, not surprisingly. However, those with partners were also positive with the added element of in many occasions proving particularly beneficial for the carer in terms of reduced anxiety because their partner was being looked after or of giving the carer some respite in the knowledge partners were being supported.

### **Service**-Home care (8) or Nursing (5)

Homecare was seen as particularly important for social contact, reducing anxiety and relieving carers.

Higher levels of frailty especially Dementia were evident from nursing care responses affecting communication, getting out and capacity deterioration. Staff were continuously praised for their “caring” role.

## **Additional Findings– Carers**

Whilst attempting to gauge service user satisfaction on many occasions family and carers reported that the respite and peace of mind they received was of huge benefit to them.

“Overall I do think my husband feels better as a result of the support services available. He still, in many ways, prefers to be at home, but is happy to accept assistance. I do think his life is a bit better because he has other people involved in his care. My general wellbeing has certainly improved. I am able to spend quality time with family members when my husband is in residential respite and I have also managed to go on holiday. This would not have been at all possible without support.”

Following the launch of the Glasgow Joint Carers Strategy on 10<sup>th</sup> June 2008 SWCHCP Carers Reference Group held a consultation event for Carers.

The event report for SWCHCP Carers expressed the following themes which are interesting in the context of outcomes:

- Carers must be seen as partners in care and not a subsidiary consideration.
- Carers must have an active involvement in assessment, the development of and ongoing review of care packages.
- Carers also need to be recognised as the experts in care and should be trained and supported in this role.
- Carers assessments should be viewed as a priority with staff appropriately skilled and motivated to carry them out.
- How to access services, signposting and routes between services should be clear.
- Communication between different services supporting carers should be clearer.
- Training and awareness raising both the needs and value of carers is crucial.
- Provision of information is critical for carers both for carer awareness.
- Services to carers should be more culturally sensitive, condition/need related and age appropriate.
- Emergency / Contingency Planning and having a system in place to look after the cared-for should something happen to the carer was a common theme.
- Respite and short breaks which are clearly accessible, well advertised, flexible, available (especially in emergencies), responsive to the needs of both the carer and cared for.
- Carers health & well being needs to have a higher priority almost all key partners with health checks and supports being offered to carers.
- All services need to recognise and actively encourage the right of carers to have a life in their own right including education, training, employment and leisure.
- Implementation and monitoring of the strategy should be evaluated and reported to carers.
- Performance monitoring needs to focus on outcomes and be reported in a way that is meaningful to carers.

## **Additional Findings-Physically Disabled (x4)**

Physically Disabled service users were younger and were positive about services and gave fuller answers to many questions but were keen to suggest further improvements. Whilst positive they suggested the following as necessary service Improvements.

- More transport required
- More backup staff to avoid hospital admission

- Carers spending more time with clients as currently too task orientated
- Changes in health conditions requiring enhanced care was problematic to arrange quickly

## **Additional Findings-Partnerships and co-ordination**

One additional theme related to services that emerges is of the need for multiple service provision to be co-ordinated and aligned. An unprompted theme that users and carers occasionally mentioned or alluded to in different ways were issues about co-ordination between staff and co-ordination between services affecting service delivery. This could be about, for example, aids or adaptations, different services in attendance or admission or discharge from hospital affecting co-ordination of home services. Users but especially carers expected each service element to have an understanding of the other services in relation to how different services might impact on the users at different times.

## **User Feedback**

User feedback has mainly been through staff re-contacting service users, through staff perceptions of what users thought of the process or from users giving feedback at the time of the interview. Consideration will need to be given as to how best to get meaningful user feedback without over burdening users (or staff) with service data collection/feedback requirements. In addition some staff advised service users that outcomes would be discussed within the review and therefore they would not notice too many differences within the review process making it harder to assess the pilot. Views ranged from no change in the discussion process because it was integrated into the review process or useful because it was clearer and easier for users to think of issues using outcome prompts as what's important to them. Users and carers clearly understood and found meaningful the language as described to them using the 14 outcomes and associated prompts rather than either the rating system/language or other ways that staff might ask users to try to evaluate services. Staff noted that service users seemed very comfortable with discussions and questions that included meaningful outcome language and prompts woven into reviews and this could be the most important finding of the survey. Staff mainly believed that the questionnaire approach had to be used as a set of prompts rather than a questionnaire survey as the questionnaire stifled the process for users thinking about their experiences as they sought to answer the questions sometimes divorced from themselves. One user stated the outcome framework was helpful as it made the meeting "focus more on the needs of both herself and her husband".

## **Staff Feedback**

Staff feedback from a series of briefings on initial findings of the pilot and further phone discussion feedback with them suggested that outcomes discussions, identification and recording had to be built into existing processes of engagement, assessment, care planning & monitoring and review and not be part of a separate exercise. If incorporated this way most staff accepted that minimal additional time would be added to the overall process at either assessment, care planning or during care management reviews. Staff suggested the average time for care reviews ranged from 30 minutes to one hour and fifteen minutes. Staff believed if UDSET approaches were integrated into care reviews then it would not add more than fifteen minutes to views/outcomes discussions that they should be gathering anyway. Additional resource time was only seen as an issue in that additional time and sensitivity was required to reassure service users about what the outcomes initiative was trying to achieve as older service users were prone to worry and needed additional reassurance and explanation.

Staff thought an outcomes focused approach, in addition to existing paperwork and processes, offered a further opportunity to consider how well current services are meeting service users needs and a useful aid to identify outcomes and to structure discussions (“engagement practices”) with users. Staff commented that discussing outcomes in this way added strength to individual casework and that outcomes discussions needed to be embedded in all related training such as assessment & care management training.

The 14 outcomes identified and other outcome prompts was seen as useful in providing a “common vocabulary” and framework helping to re-inforce and remind staff about core values and a users perspective.

Staff found older service users less willing to be critical of other staff “in case they got into trouble”. This questionnaire did not consider asking staff to comment on their overall view of what perception they had of whether service users were satisfied with services other than feedback and perhaps this could be considered in the future use of user and staff feedback.

Whilst not claiming that this pilot improved practice, staff did express using more reflection time on how to consider user outcomes as part of their practice and discussions with service users and carers. Comments received included questionnaire prompts assisted with “digging deeper” and more “active listening”. Staff also suggested discussions with service users about outcomes went some way to addressing the power balance and relationship between staff and service users and fostered a “more shared approach”. Staff were also able to share learning of this process and their understanding of it with each other adding to further shared reflective practice. Staff also suggested performance monitoring, self evaluation and audit might be easier to access and assess information using an Outcomes approach that specifically identified and recorded outcomes from the outset of intervention and engagement.

Staff also suggested, however, that no one questionnaire tool or approach for all service users of care groups was possible and that use of any questionnaire or approach would need to be tailored to particular circumstances, accommodation settings, types of service and care group priorities. An outcomes prompts framework/approach embedded within existing paperwork and processes seemed to be the most favoured approach. The existing format, for example, of CC6 paperwork within care management reviews was regarded as not fit for purpose, offering no prompting framework to aid discussions or providing consistency of approach.

Staff were unsatisfied with the scoring system used in the questionnaire and were concerned with number of choices (6) and grading language (Very Satisfied to Very Dissatisfied). Staff noted “what’s the difference (and agreed definition) between satisfied and very satisfied”. Alternative rating suggestions based on questions/discussions prompts with users included:

- Better or Worse
- Adequate or Not adequate
- Yes or No
- Agree or Disagree
- Happy or Unhappy

Whatever method is chosen there is broad agreement of the need for a mixture of quantitative and qualitative solutions to provide more meaningful measures of user experiences of services. Staff were initially concerned that expectations of service users might be raised and that services available were insufficiently flexible to allow Personalisation of services based on needs. However, an outcomes approach was seen as an additional evidence base to re-evaluate existing service delivery, service specifications and contracts.

Overall staff suggested that the experience of considering outcomes in this survey was a positive and enjoyable one. Whilst some staff suggested existing practices covered outcomes this was harder for staff to physically evidence in either performance reporting, existing paperwork or the language used with users to discuss and evaluate either services or users experience of services. The UDSET approach was seen at worse as adding to the range of mechanisms to discuss and evaluate either services or users experience of services, or at best as a useful set of prompts offering consistency to aid discussion in this area. No one thought it had no value.

## 8. Practice Issues

A range of issues needs to be considered in discussing this Pilot.

1. When asking service users or carers about services we need to be clear about definitions and what part of the service we asking for comment on. When asking users or carers about whether they were listened to or giving choice do we mean initially the assessing staff, care manager or care or support provider or all staff who users engage with? If asking users about satisfaction with a service do we mean the level (number of hours) or the actual provision of the service by staff? The first of these is determined by Social Work through assessment, the latter is provided by service providers via a contract and service specification.

Service users may also be getting more than one service so which service element are we measuring or trying to unpick.

2. This pilot (of 25 service users by Social work staff) has suggested very high and high levels of satisfaction, support and improvement are occurring. Is this reflective of a high level of genuine satisfaction or of the client group older people being culturally more grateful and more accepting and less likely to complain. What significance is there that this pilot took place during care management reviews by Social Work staff, or a combination of all of these factors.
3. Can the UDSET approach supplement or be chosen as a specific alternative to the existing Service Users Questionnaire used within the existing Contract Management Framework during Purchased Service Reviews. In relation to outcome identification and measurement within contracts how aligned are the existing 8 core service objectives within the CMF with service user outcomes (Appendix 5)?
4. Initial feedback from staff was that overall taking additional time to further define and identify outcomes was a positive thing to do with service users and a positive experience. However, resource time for all staff who participated in this process suggest that whilst not unduly onerous (and an element of good practice anyway) extra time was needed to reassure service users and extract this information. Additional time would be needed for analysis and reporting especially with much bigger samples. This small survey has involved a large amount of staff, agency and user time and it is important that the findings are shared especially with the pilot of carers in North CHCP.
5. Staff additionally reported that a couple of trials were needed to get fully into the swing of the extensive dialogue around the subtleties of outcomes and using the outcomes prompts but only one or two samples in most cases was conducted by each member of staff, restricting getting into a flow in using the outcomes approach.

6. How do we build outcome data identification & collection, management, analysis and implications of that outcome data into future Assessment, Carefirst recording and service development? Outcome Planning and Commissioning are currently under consideration, however, how do we systematically incorporate this into practice and service delivery?
7. What similarities, differences and implications can be drawn from the Pilot of 50 service users conducted by FMR Research.
8. Despite data being analysed by gender and care type, such as Frail Elderly or Physical Disability, type of accommodation, such as care home or at home or by type of service, no clear patterns emerge from such a small sample affecting overall satisfaction levels or outcomes findings. It is suggested different client groups will provide different responses. However, the current outcomes matrix of 14 outcomes should be sufficient to capture most if not all outcome and service themes.
9. If outcome prompts are to be successful greater clarity and convergence is needed regarding the number of existing and emerging reporting frameworks both nationally and locally that exists.
10. Similarly trying to determine 14 outcomes will in most cases prove difficult for each service user (not that this is being suggested). Perhaps the 14 outcomes are best thought of as a suite of outcomes for overall consideration that are then refined based on the 3 categories of Process, Quality of life and Change and the particulars and circumstances of any particular service user or carer.
11. There exists the need to cross reference the existing suite of UDSET outcomes with existing practices, paperwork and processes to see where they can be aligned and incorporated.

## 9. Conclusions/Recommendations

With only a limited sample of 25, within one CHCP, and one care group some caution needs to be considered in relation to the findings. However, using the outcome based approach provided endless sources of detailed information and insights into users views about themselves and their circumstances and services that even if substantial numbers of users are sampled quantitative data alone is unable to match.

1. Most user perceptions that are expressed as a quantitative response/score are of a high standard of service and of caring staff. The highest satisfaction levels for staff and services appeared to be with factors such as process outcomes that staff have direct influence over such as their attitude to service users and listening and being attentive to their needs. Satisfaction levels reduced regarding issues that staff had less control over such as Change and Quality of life indicators including Personalisation of services, choices, types and timing of service provision or over staffing levels.
2. Family members and carers tended to be more critical or less positive than Older People service users who tended to be more accepting of current service provision. This reflects a similar position in SWIA's recent performance Inspection for Glasgow (2007).
3. Most positive or negative issues came from the same people in that service users were either satisfied or unsatisfied with services with very little variation in between. Responses were very heavily influenced by current medical condition and mobility.
4. Narrative contextual outcome identification and feedback from service users, carers and families is crucial in determining users experience and evaluation of services. Users want to talk about their experiences of services placing less emphasis on scoring/rating them.
5. One major finding was re-inforcing how comfortable staff were with quantitative elements and less comfortable with recording narrative data information. The best example of this was that all (100%) quantitative data were returned but despite advising staff to support all quantitative responses with qualitative narrative evidence this was not provided at all in some cases and not fully in some other cases (72%). Future questionnaires, or more accurately prompting tools, will need to address this by redesigning reporting process (seeking qualitative information before quantitative information) and perhaps by limiting or grouping the number of outcome questions. However, where comments were provided they fully supported scorings and added detail and richness to the overall picture and story of the person much more fully. One example of this would be the following, "staff have been my lifeline as I have no family". How do you measure this statement?
6. Outcome focused measures need to be core to performance recording and monitoring arrangements.
7. The Pilot has provided useful lessons regarding questionnaire methodology, such as length, structure and layout, identification of sampling, staff time and difficulties of interpreting subjective data to identify outcomes. The more subtle outcomes such as measuring or assessing of recovery and reduction of symptoms needs more thought to aid analysis. In addition how do we measure the preventative role that service provision might have impacted on?

8. Staff were clear that no separate questionnaire process for capturing outcomes was realistic and that this outcome information, had to be integral to initial interventions starting at initial engagement, assessment, care management and reviews. This cycle then had to feed into Reporting & Monitoring and then Planning and Commissioning.
9. In addition any issues from this report need to inform and influence other areas of activity such as:
  - Management of long term conditions
  - National Training Framework for Care Management
  - Future audits identifying outcomes as a measure of evaluation
  - Consultation with service users and carers & production of local Development Plans
  - Contract Management Framework
  - Compatibility of IT systems and specifically CareAssess
  - Staff development and training requirements.
  - Performance management framework both locally & nationally.
10. Although the outcomes approach using prompts is welcome, different approaches have to be considered for different client groups with different priorities and even within client groups such as OPPD and service users with Dementia. Digital storytelling by service users and carers provides another example of how we can reflect, measure and think creatively about what users and carers think about services and how we can improve them. Glasgow should consider the commissioning of a Digital story perspective as SWCHCP staff feedback on this element of user and carer experience and perceptions was warmly received when the DVD “Whose Care, Whose Lives” was shared with them.
11. One third of users answered all questions, one third partially answered questions and one third had family or carers answering questions demonstrating the range of communication & capacity issues that need to be considered. SWIA also noted the “gaps in outcome information for people who used criminal justice social work or mental health services” in Glasgow”.
12. Different service providers and staff within different services need to be better informed about the needs and wishes of service users especially as staffing turnover may be inevitable. Greater understanding and better record keeping and communication between agencies are vital. Partnership working and the sharing of an outcomes approach with support and care providers reflected in contracts and common practices needs to be fostered and promoted to jointly shape the outcomes approach.
13. Finally a greater understanding and appreciation of the role of tasks and the role of human contact (relationship building) needs to be developed and nurtured in future practices and service specifications.

## 10. Next steps

Findings from both Pilots will be reported and signed off at the SWCHCP UDSET Steering group Friday 3<sup>rd</sup> October.

A final report will then go to Senior Management Teams within SWCHCP and other local reporting arrangements. Wider dissemination will take place at Service User & Carer Involvement Group (SUCIG), Governance Board, Leadership team, and Disability & Rehabilitation Planning & Implementation Group (PIG).

A range of feedback sessions, web forums and workshops are already in place with the Joint Improvement Team.

## **APPENDICES**

**APPENDIX 1 QUANTITATIVE TOTALS**

**APPENDIX 2 SECTION AVERAGES**

**APPENDIX 3 UDSET/SWCHCP QUESTIONNAIRE**

**APPENDIX 4 REFERENCE MATERIAL**

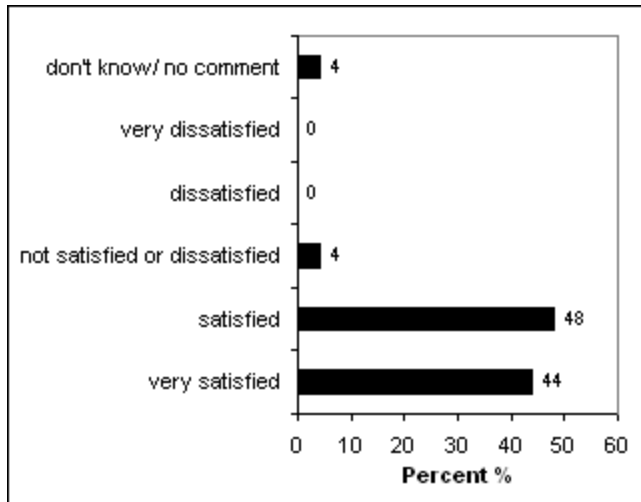
**APPENDIX 5 EIGHT CORE SERVICE OBJECTIVES WITHIN THE CMF**

# Appendix One

## UDSET SWCHCP PILOT (25) Quantitative Totals on five sections

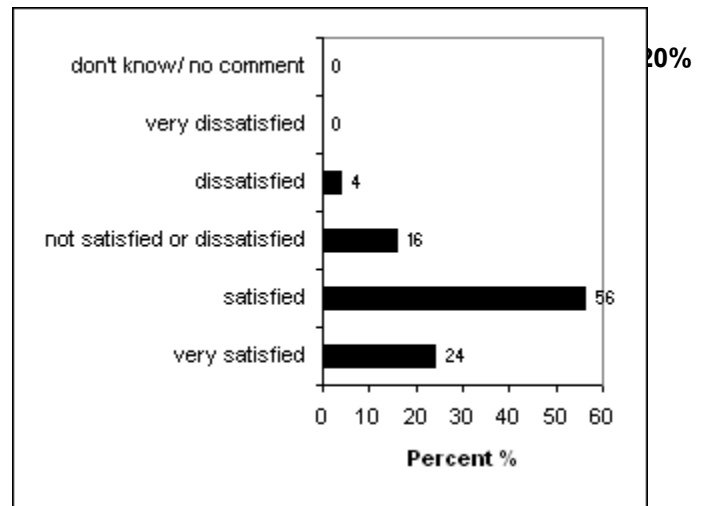
### SECTION 1. Service User Satisfaction with Staff and Services based on 25 Service Users

#### 1.1 Staff listen to me

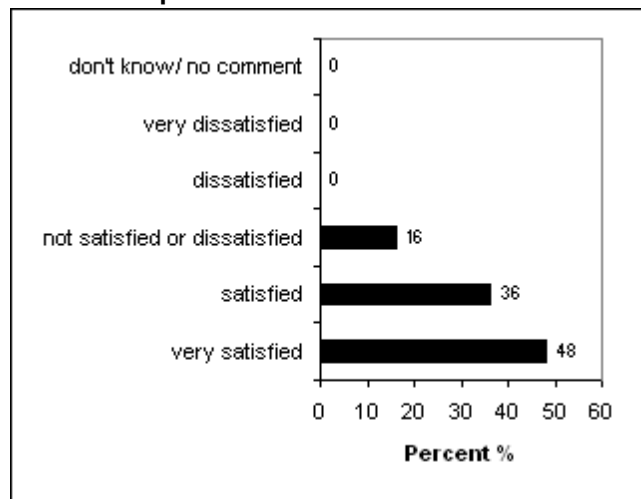


Totals Satisfied & Dissatisfied 92% & 4%

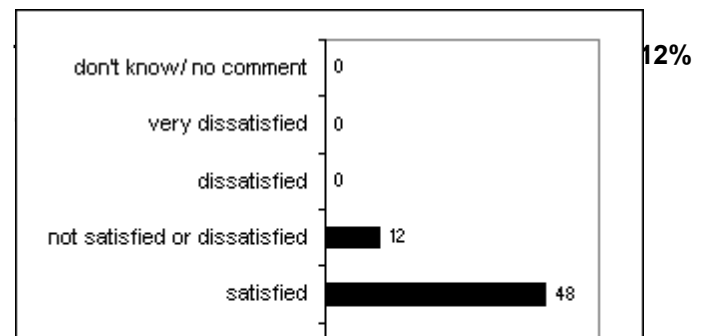
#### 1.2 Staff offer me choices in what I want



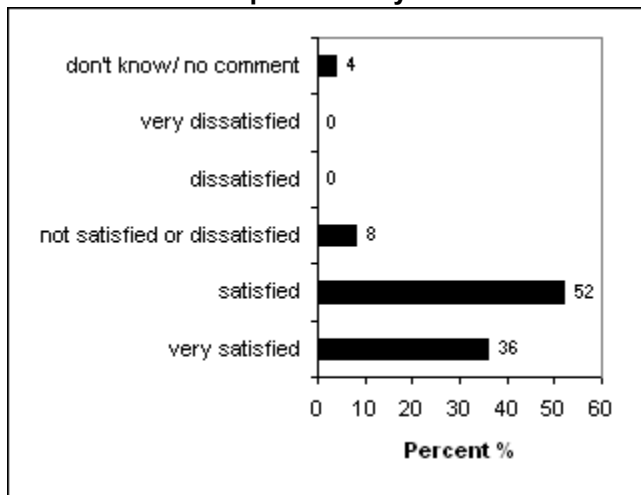
#### 1.3 Staff respect me as an individual



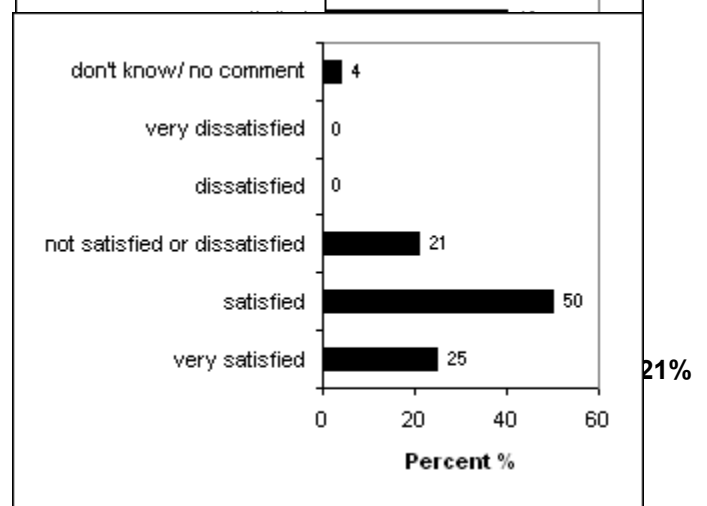
Totals Satisfied & Dissatisfied 84% & 16%



#### 1.5 The Service responds to my needs



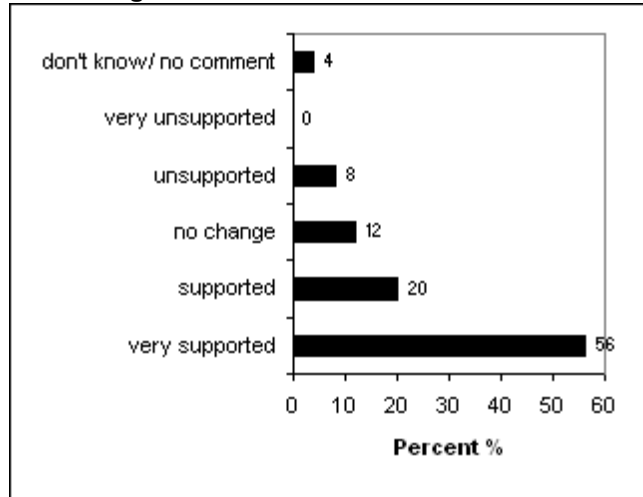
Totals Satisfied & Dissatisfied 88% & 8%



## SECTION 2. Support with Quality of Life

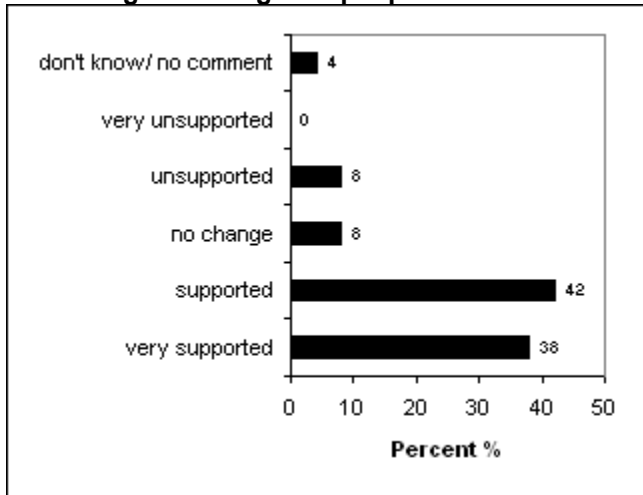
### Issues

#### 2.1 Feeling safe



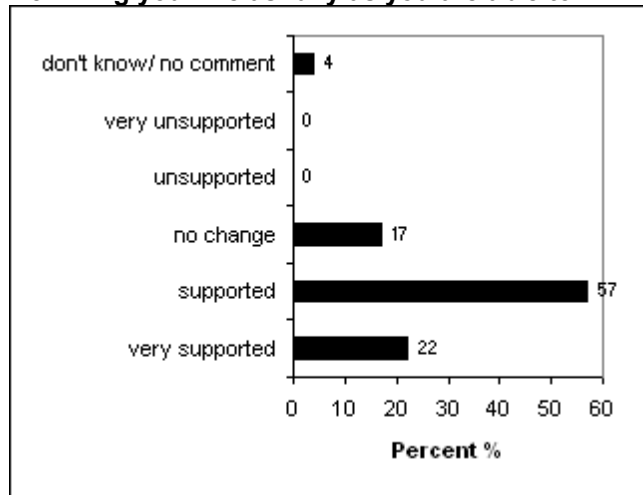
**Totals Supported & Unsupported**  
76% & 20%

#### 2.3 Seeing and being with people



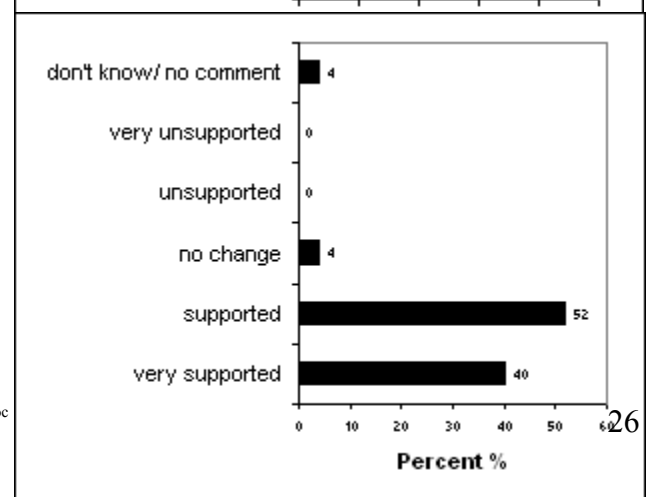
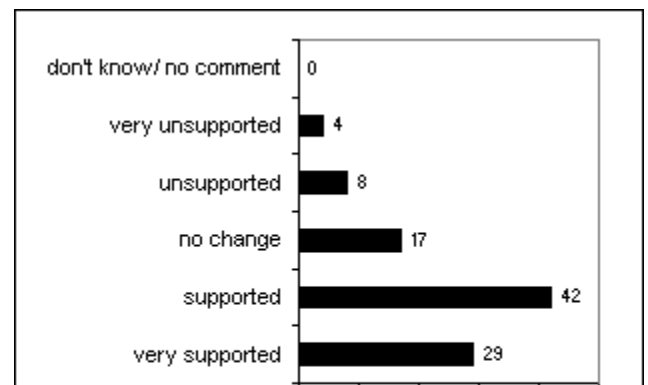
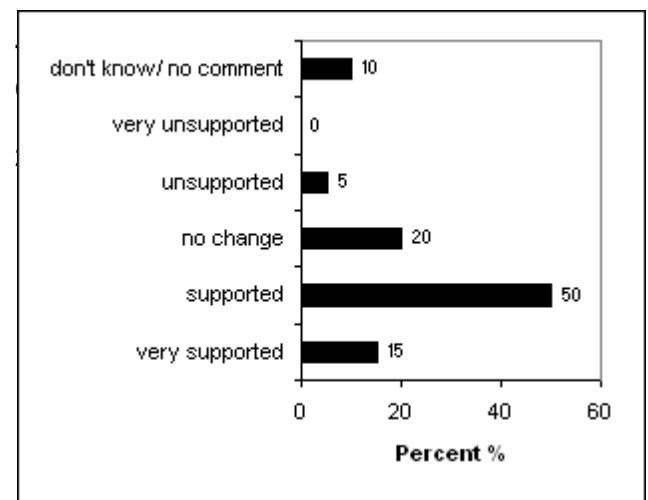
**Totals Supported & Unsupported**  
80% & 16%

#### 2.5 Living your life as fully as you are able to



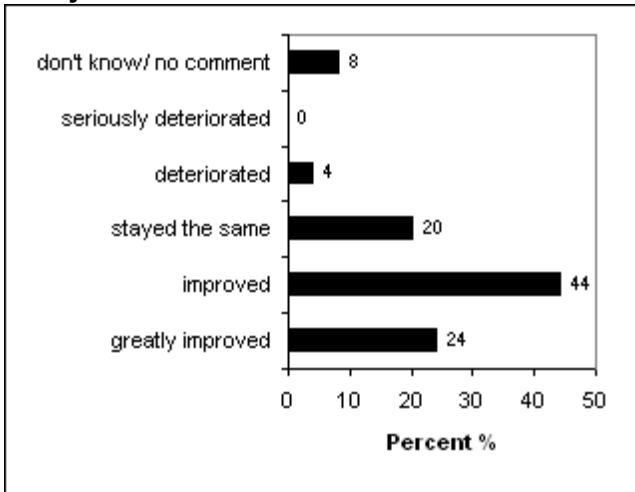
**Totals Supported 7 Unsupported**

#### 2.2 Allowing you to take part in activities of your choice



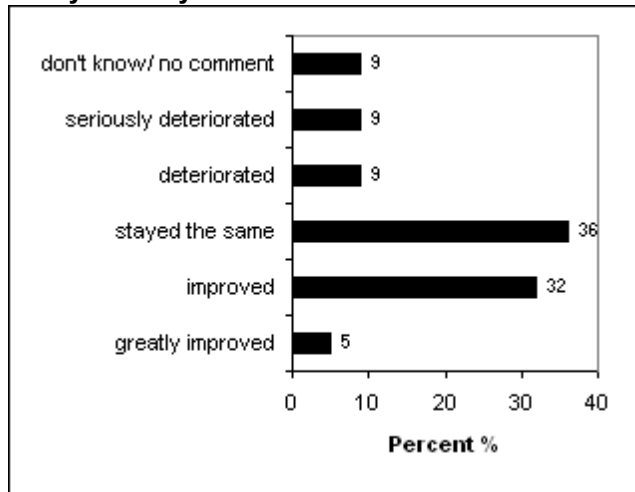
### SECTION 3. Changes to your life

#### 3.1 My Confidence

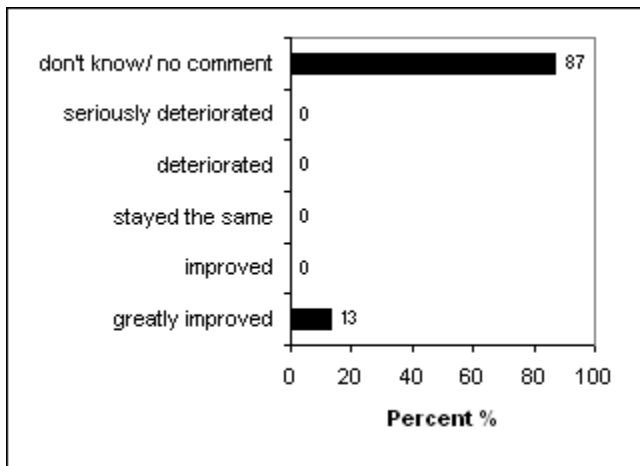


**Totals Improved & Deteriorated**  
68% & 24%

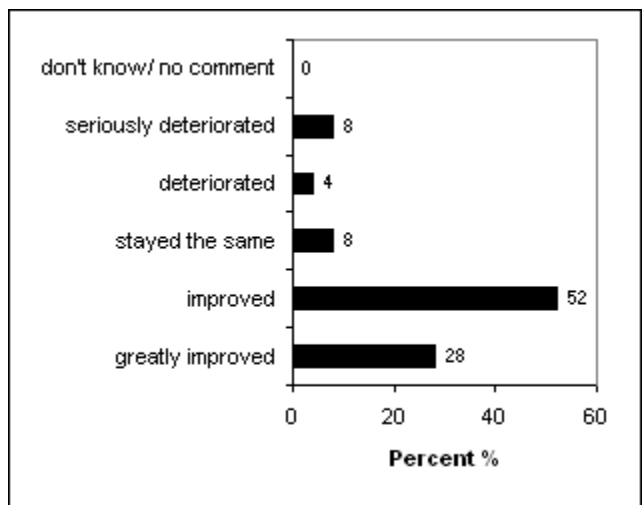
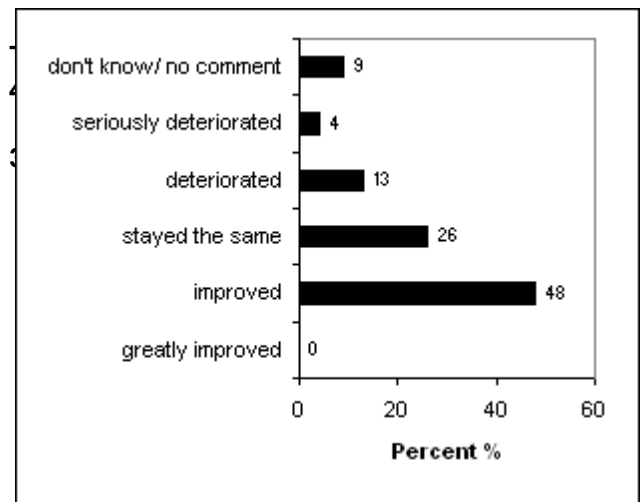
#### 3.3 My mobility



**Totals Improved & Deteriorated**  
37% & 54%



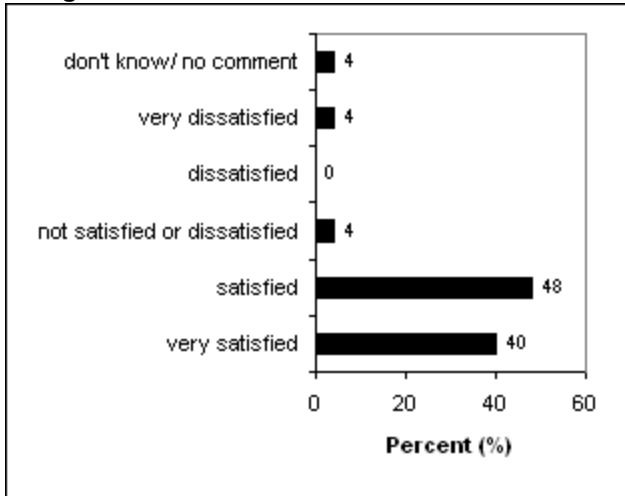
#### 3.2 My skills/ abilities



Totals Improved & Don't Know/No Comment  
13% & 87%

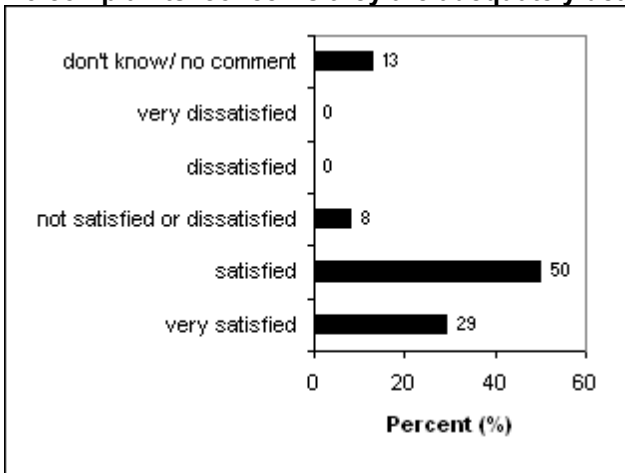
## SECTION 4. Overall Satisfaction

### 4.1 I got what I wanted from the service



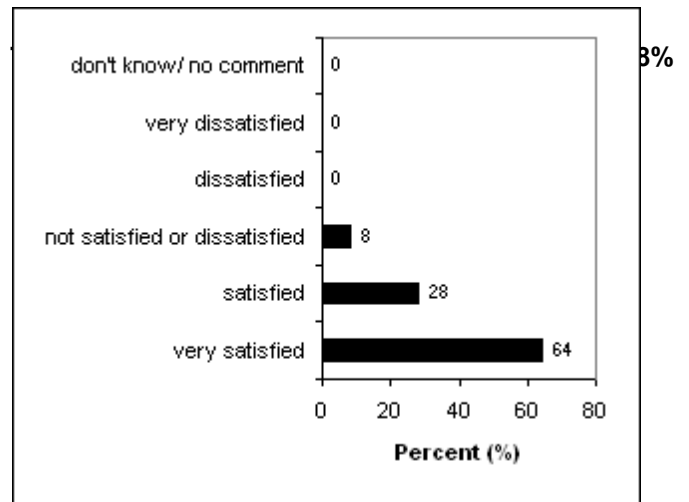
Totals Satisfied & Dissatisfied 88% & 8%

### 4.3 complaints/ concerns they are adequately dealt with



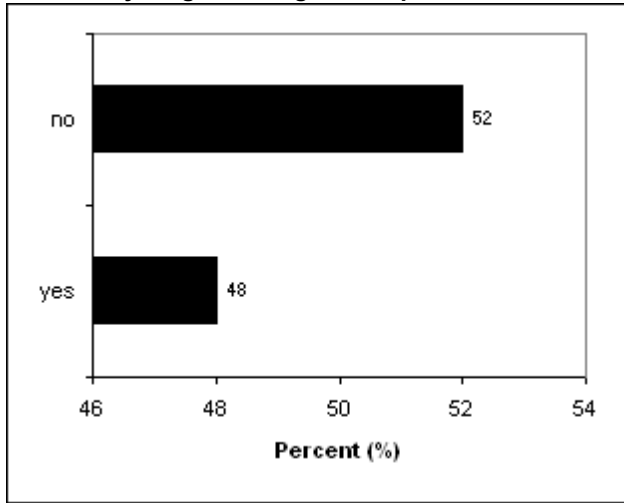
Totals Satisfied & Dissatisfied 79% & 8%

### 4.2 Helpfulness of staff

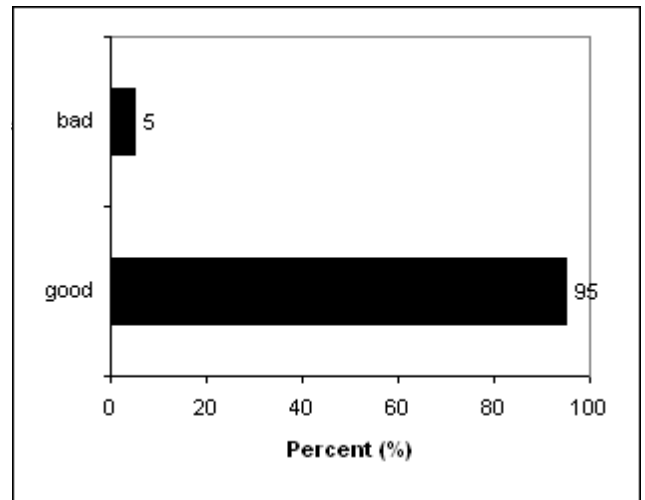


## SECTION 5. Open-ended Questions for Service User

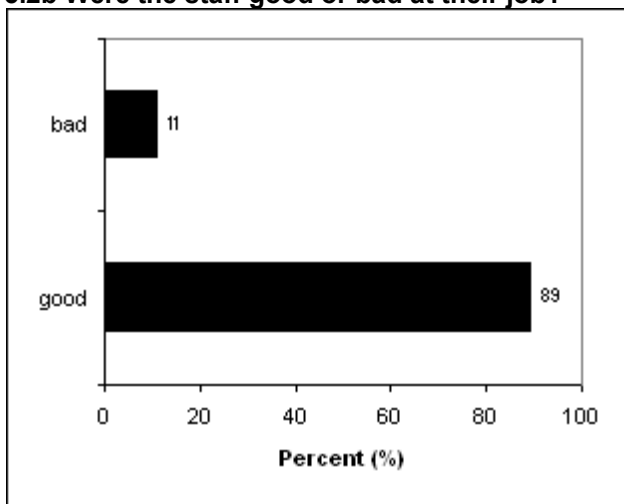
### 5.1 Can anything be changed to improve the service?



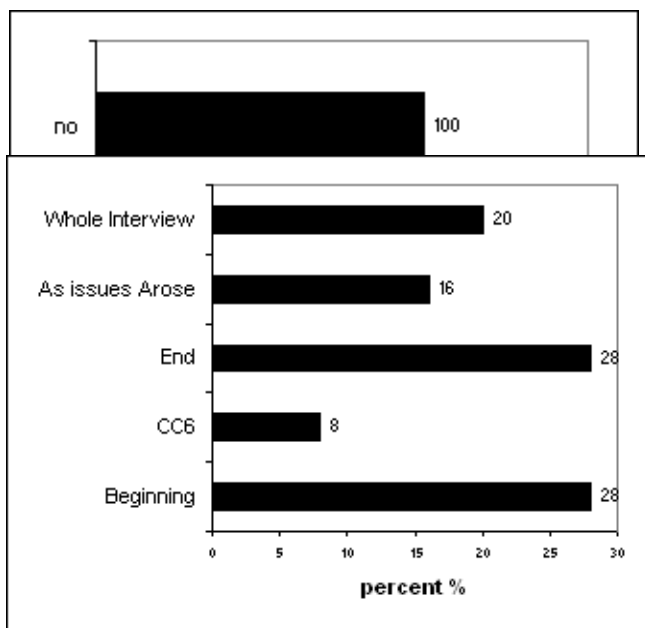
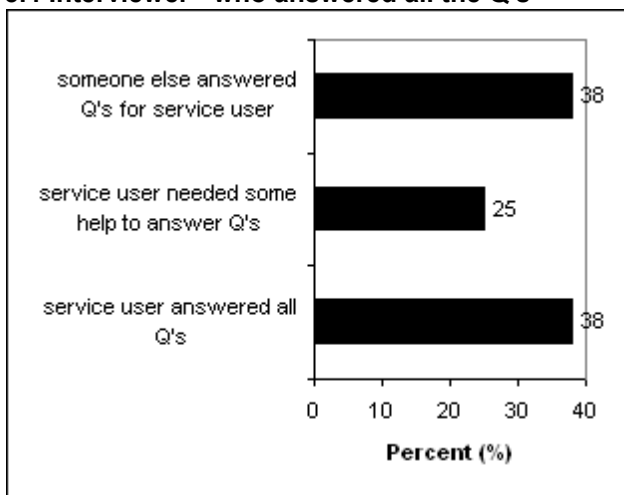
### 5.2a Was the service good or bad?



### 5.2b Were the staff good or bad at their job?



### 5.4 Interviewer - who answered all the Q's







**USER VIEWS FORM  
UDSET SWCHCP TEST QUESTIONNAIRE FOR OPPD CARE GROUP  
5 June 2008  
GUIDANCE INFORMATION FOR INTERVIEWERS**

**TO THE INTERVIEWER/WORKER:**

During the course of a care management review attention will shift to a discussion with service users on identifying their particular views on health and social care services and their level of satisfaction, (Questions 4,5 & 7 in the current CC6 form). It may be useful to note in the existing Question 4 of CC6 "See separate Users Views Form". This form like the CC6 is only a suggested framework and series of prompts that you would use in a structured conversation with our service users. A fuller version of this guidance from the Joint Improvement Team "Support materials for using the UDSET Toolkit" has been issued to supplement this short guidance.

**RECOMMENDATIONS FOR PRACTITIONERS/INTERVIEWERS USING THE UDSET TEST QUESTIONNAIRE**

The key objectives in focusing on outcomes are to obtain a holistic picture of the individual's life, and to identify the outcomes they want to achieve. This involves talking about the person's life, and the role that services play in it. Explaining these objectives to the individual can result in a better interview.

Ideally the format for gathering information about outcomes during a Care Management Review is a structured conversation. With experience, practitioners can move from asking questions in strict order, and identify intended outcomes from a conversation, using the questionnaire below as prompts.

An outcomes focused conversation can itself be beneficial to individuals in providing an opportunity to think about their life from a different viewpoint.

Information should be obtained as far as possible from the individual. Where there are significant communication difficulties, information can be supplemented by involving other key individuals involved in the person's life.

Interviewers may need to rephrase questions to support the individual to understand what is meant when asking about the various outcomes (a prompt sheet can help with this).

When recording information from the interviews, it is important to relate specific providers to specific outcomes where the service user identifies them so that this information can be used locally for service planning.

It is important to probe for examples to illustrate views on outcomes. If someone identifies that their service is or is not reliable, an example of what they mean by this helps to clarify the user views.

Practitioners have occasionally found that individuals get distressed discussing aspects of their lives not usually covered. If this happens, the interviewee should be offered the opportunity to continue at a later date.

Underpinning this approach is the conception of whole systems working, or the need for broader partnership working beyond health and social care services, in order to deliver quality of life outcomes to service users.

Some of the outcomes relate to process, or how the person is treated by services. It may be that in some cases, an individual will be reluctant to raise issues with their own care manager, or may have concerns about being critical at all. Services should consider how to manage these issues in planning and conducting interviews.

**Prompts for UDSET outcomes for users of community care services**

These prompts are to guide the Interviewer as to what particular information these questions are trying to gather.

**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).

**Having things to do:** The person has opportunities to undertake activities which interest them, both at home and outside the home (if they wish).

**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 well:** The person feels that they are as physically and mentally well as they can be.

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

**Managing discrimination:** The person does not experience unfair treatment as a result of their status as e.g. an older person or person with mental health problems. Where the person feels that they have been discriminated against, they have had access to support to manage this.

### *Change outcomes*

Change outcomes result from tackling barriers to achieving quality of life, or from reducing risks. It should 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:** The person is working towards dealing positively with changed life and health circumstances.

**Improved mobility:** The person is working towards improved ability to get around within the home and/or outside.

### *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 do.

**Responsiveness:** The person feels that services respond to their changing needs and that they can rely on services to respond if particular difficulties arise.

### Final Comments

The **Can you tell me any more about this** column is to gather perceptions from the service user of why they have a particular view of the service capturing wherever possible their wording that supports their chosen rating.

A judgement needs to be made in the long term in terms of how we talk to service users to determine their views on Outcomes. Do we formally discuss the questionnaire with them or glean it from the general conversation. For the purposes of the Test and the Pilots it has been decided to formally ask the service user's permission about the questionnaire and we will then review this based on the findings of the Test and the Pilots.

Question 25. This question has been included to test at what point the issue about Outcomes/Questionnaire arises during the conversation, to see if there are any patterns or Best Practices to adopt.

**SWCHCP REFERENCE NUMBER 5 June 2008 Version Coding Reference SWCHCP 001 TO THE SERVICE USER**

We would like to know what you think about the services you receive. If it is ok, I would like to ask you how satisfied you are with our health and social care services.

**Section 1. Satisfaction with Staff and Services**

**Can you tell me how satisfied you are with the following?**

	1	2	3	4	5	6	CAN YOU TELL ME ANY MORE ABOUT THIS?
1.1 Staff listen to me							
1.2 Staff offer me choices in what I want							
1.3 Staff respect me as an individual							
1.4 Staff do what they say they will do							
1.5 The service responds to my needs							
1.6 The service responds to my wishes							

(Scale used 1. =Very satisfied 2. = Satisfied 3. = Not satisfied or dissatisfied 4. = Dissatisfied 5. = Very dissatisfied 6. =Don't Know/No Comment to make

## Section 2. Support with Quality of Life Issues

These next questions are about the differences you feel the service makes to your life.

Since receiving a service and support, how do you feel in terms of the following?

	1	2	3	4	5	6	Can you tell me any more about this?
2.1 Feeling safe							
2.2 Allowing you to take part in activities of your choice							
2.3 Seeing and being with people							
2.4 Staying well and healthy							
2.5 Living your life as fully as you are able to							
2.6 Treated fairly and equally as an individual							

Scale used 1. =Very Supported, 2. =Supported, 3. =No Change, 4. =Unsupported, 5. =Very Unsupported  
6. =Don't Know/No Comment to make

### Section 3. Changes to your life

These next questions are about how you feel in terms of the actual changes the service makes to your life.

Since receiving a service and support has the following changed?

	1	2	3	4	5	6	Can you tell me any more about this?
3.1 My confidence							
3.2 My skills/abilities							
3.3 My mobility							
3.4 My general well being							
3.5 My Opportunities for education, training or employment (if appropriate)							

Scale used 1. =Greatly Improved, 2. = Improved, 3. = Stayed the same 4. = Deteriorated, 5. =Seriously Deteriorated  
6. =Don't Know/No Comment to make

### Section 4. Overall Satisfaction

These next questions relate to how satisfied you feel overall with the service.

How satisfied are you with the following?

	1	2	3	4	5	6	Can you tell me any more about this?
4.1 I got what I wanted from the service							
4.2 Helpfulness of staff							
4.3 If I have any complaints /concerns they are adequately dealt with.							

(Scale used 1. Very satisfied 2 = Satisfied 3 = Not satisfied or dissatisfied 4 = Dissatisfied 5 = Very Dissatisfied, 6=don't know or no comment).

## Section 5. Open-ended Questions for Service User

5.1. Is there anything you think could be changed to improve the service **you** receive? Yes  No

5.1t If yes, can you briefly tell us what it would be?  
\_\_\_\_\_

5.2a Is there any thing, good or bad, about the **service** that you would like to tell us about?

**Service** Good  Bad

5.2b Is there any thing, good or bad, about the **staff** that you would like to tell us about?

**Staff** Good  Bad

5.3 Do you have anything else you would wish to add? Yes  No

5.3t If yes please say  
\_\_\_\_\_

Thank you for taking the time to answer these questions about how you feel about the service and support.

5.4 **TO THE INTERVIEWER:** Who answered these questions? (Tick only 1 option below)

(1) The Service User answered all the questions

(2) The Service User answered the questions with help from someone else

(3) Someone else mainly answered the questions for the Service user

5.5. At what point in the Interview was Outcomes/Questionnaire discussed. (Tick only 1 option below)

(1) At the beginning.  (2) Question 4 in CC6  (3) At the end

(4) As issues arose  (5) Whole Interview  (6) Other (Specify)  \_\_\_\_\_

**ADDITIONAL USER VIEWS/COMMENTS TO QUESTIONS**

Question No	
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**LOCAL CHCP CHECKLIST (PRIOR TO SUVF SENT TO NYE BEVAN)**

**SERVICE USER VIEWS-----OUTCOMES REVIEW FORM  
(UDSET)**

CAREFIRST NO \_\_\_\_\_ SWCHCP REF NO 0001 \_\_\_\_\_

CARE GROUP \_\_\_\_\_

SUVF COMPLETED BY \_\_\_\_\_

QUALITY ASSURED BY \_\_\_\_\_

ACTION REQUIRED (IF ANY) \_\_\_\_\_

NAME OF SERVICE USER	DATE OF REVIEW	DATE REVIEW MINUTE COMPLETED	DATE QUALITY ASSURED	DATE TO NYE BEVAN

## Appendix 4 Reference Material

Do Health and Social Care Partnerships Deliver Good Outcomes to Service Users and Carers?  
Development of the User Defined Service Evaluation Toolkit (UDSET) December  
2007

Dr Ailsa Cook, RBS Centre for the Older Person's Agenda, Queen Margaret University

Dr Emma Miller, Associate Lecturer, University of Stirling

Dr Margaret Whoriskey, Assistant Director.

<http://www.jitscotland.org.uk/action-areas/themes/involvement.html>

1. Support materials for using the UDSET December 2007- Joint Improvement Team.
2. Changing Lives: Report of the 21<sup>st</sup> Century Review of Social Work
3. Social Work Inspection Agency : Performance Inspection GCC June 2007
4. Users & Carers Define Effective Partnerships in Health & Social Care, University of Glasgow, September 2007  
<http://www.jitscotland.org.uk/action-areas/themes/involvement.html>
6. "Whose Care, Whose Lives". A collection of personal stories capturing different experiences of care in a variety of settings. JIT 2007.

# **GCC Contract Management Framework**

## **Eight Core Service Objectives**

- 1. Needs assessment and support planning**
- 2. Security, health and safety**
- 3. Protection from abuse**
- 4. Fair access, diversity and inclusion**
- 5. Flexible, sensitive and responsive services**
- 6. Protection of service user's rights**
- 7. Informing and consulting with service users**
- 8. Effective systems and practice**