



# Exploring the effectiveness of Collaborative Inquiry in implementing an Outcomes Approach

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## Abstract

Across the UK there is a growing and significant emphasis on the outcomes that are important to people who use services and their unpaid carers. This development has been welcomed by people who use, plan and provide services; ensuring that individuals are supported to live the best lives possible whilst ensuring effective use of resources.

Within Scotland, *Talking Points: A Personal Outcomes Approach* has been developed for Social Care and Health partnerships underpinned by two key principles;

- *Better inclusion of service users and carers in decisions around their care and support*
- *Support provided should deliver good outcomes for service users and carers*

This study draws on literature and research to reflect on the key features of an Outcomes approach, the policy and practice context of Social Care within which it has emerged and the required organisational effort and involvement to sustain its implementation. It specifically describes the Collaborative Inquiry process adopted within Stirling Council Social Care in support of Outcomes and reports on the cumulative analysis of the findings generated within the Inquiry and an evaluation of its effectiveness. It confirms the links between outcomes, generative learning and whole systems thinking, evidences the value of practitioner participation in systems change and presents a model of organisational learning that enhances organisational relationships and effectiveness whilst remaining focused on the centrality of service users and the outcomes that matter to them.

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## Introduction

In January 2010, Stirling Council's Social Care Service confirmed its commitment to *achieving a broader choice of services within an outcomes focused approach*<sup>1</sup>. Within the rapidly emerging national context of significant budgetary pressures, Stirling Council has since developed a Strategy for Social Care which continues to emphasise *the focus of service delivery will shift towards greater emphasis on outcomes*<sup>2</sup> whilst determining the nature and extent of future service provision that will achieve a savings target of up to £7 million (17.5% of current budget).

In consultation with Senior Managers, the Professional Development Manager<sup>3</sup> took the lead in supporting staff through the transition to an Outcomes approach proposing that the nature of this support should be determined through a process of *Collaborative Inquiry*. This process of deriving meaning *inside out* from the experience of staff themselves as opposed to imposing new (managerial) meaning on to that experience (Bray (2000)) was itself presented as an opportunity to model an Outcomes approach in the development of organisational learning and practice.

The potential links between outcomes and organisational learning were of particular interest to the author. What had already become apparent in the initial phase of the Inquiry process was the centrality of a whole systems approach to sustainable implementation of outcomes focused practice (Nicholas and Quershi (2004)). Senge (2006) sees the interactions between the component parts of an organisation as being the most effective place to create leverage for change. Reflecting on the role of professional development within the organisational context of Social Care in Stirling and the support it offers to these places of interaction has reinforced for the author the inadequacy of supporting *adaptive learning* alone and the need to practice and promote a culture of *generative learning* (Senge (2002)) that enhances the organisation's capacity to create and accommodate new ways of thinking which as Covey (2002) suggests are themselves required for *significant, quantum improvement*.

The exercise of evaluation referred to within this report is exploring the effectiveness of an organisational activity which in itself is a process of inquiry. The structure of the

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<sup>1</sup> Stirling Council Performance Inspection Action Plan & Progress Report 2009/10

<sup>2</sup> Social Care Strategy – to 2014 and beyond (August 2010)

<sup>3</sup> Author of this report

report reflects the inductive and cyclical nature of this process and refers to the methodologies and findings within the different episodes of activity, whilst acknowledging the accumulative linkages between them. *Chapter One* provides an overview of the national and local context together with a summary of related literature and research. *Chapter Two* describes the methodologies within the inquiry process offering an initial analysis of its findings together with an account of the range of activity generated. *Chapter Three* describes the methods used to undertake the evaluation of the process together with the cumulative analysis of its findings. Within *Chapter Four* there is an explorative discussion of the implications of the study with reflections on its process and findings together with recommendations in support of sustainable implementation of an Outcomes approach across Stirling Council Social Care Service.

## Chapter One: Context of Inquiry: Review of Related Literature and Research

### 1.1 Background and Rationale for Study

The Social Work Inspection Agency (SWIA)<sup>4</sup> undertook a performance inspection of Stirling Council Social Care in 2009; one of its key recommendations was that Adult Social Care should *take further steps to improve outcomes for older people and people with learning disabilities* (SWIA (2009)). Commensurate with the period of inspection, a *Diagnostic Programme*<sup>5</sup> looking to achieve initial savings of £3 million within the 2009/10 budget had been introduced across the Council as a whole. The impact of this programme was an acceleration of the work to *shift the balance of care* from the emphasis on hospital and care home provision to enabling people to be supported and remain at home.

SWIA (2009) had also identified the areas of *Leadership and Capacity for Improvement* within Social Care as being weak, highlighting an ambiguity and lack of engagement with staff on aspects of change management. Staff surveys carried out within provisions services had also identified staff feeling vulnerable as a consequence of the extent of organisational change<sup>6</sup>.

Four staff representing the range of Adult Social Care services and one member of the Joint Improvement Team (JIT)<sup>7</sup> responded to the invitation to participate in an Inquiry group and the initial phase of the Inquiry process to support the implementation of an Outcomes approach was reported on in October 2009<sup>8</sup>. Feedback from staff had emphasised how much they had *appreciated being asked* reinforcing the model of Inquiry in itself as an affirming experience. There was a growing conviction of the enthusiasm of staff for the Inquiry questions alongside the possibility of the process being able to influence whole systems change and promote individual reflection. As such it was seen as progressing actions related to two other recommendations from

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<sup>4</sup> Scrutiny Body for Social Work Services in Scotland

<sup>5</sup> Council wide programme of evaluating service and accelerating improvement through identified workstreams

<sup>6</sup> Stirling Council Work Positive Surveys (2009)

<sup>7</sup> The Joint Improvement Team is part of the Partnership Improvement and Outcomes Division within the Scottish Government's Health Directorate

<sup>8</sup> Exploring Outcomes in Practice : Inquiry Report (2009)

SWIA's inspection; *senior management's engagement with staff and the embedding of learning and development within the organisation.*

Over the course of this study there has been a significant and ongoing work within Stirling Council to determine the capacity within Social Care to meet anticipated provision requirements<sup>9</sup>. The projected increases in care needs and costs associated with an ageing population imply that the continuation of current mechanisms of care provision will rapidly cease to be affordable.

With respect to these findings and to the more recently emerging criticality of budgetary pressures, Social Care is now embarking on a process of rigorous service evaluation, examining individual service functions against a series of criteria on the basis that current practice will only be retained as internal provision where demonstrably better than the alternatives. In recognition of the broader political emphasis on outcomes as well as the key messages from SWIA, one of these criteria is that *positive outcomes for service users be maintained or improved*<sup>10</sup>.

These developments have *raised the stakes* around the implementation of an Outcomes approach within Stirling Council Social Care. Initial analysis of the themes emerging from staff discussions clearly indicated a value in further study, particularly in light of the identified links with SWIA's recommendations. As we are now at a point where significant and irreversible decisions are to be made about future service provision, there is an increased imperative to generating a shared, tested and *owned* understanding of what supports outcomes focused practice *both* as a determiner of those decisions and as an underpinning principle within the future vision for Social Care.

## 1.2 Policy and Practice Context

In order to set the context into which the Outcomes approach is being introduced, it is helpful to explore the broader political and social themes that have influenced recent organisational practice within adult social care.

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<sup>9</sup> Joint Capacity Planning for Health and Social Care needs in Stirling: Report to Health and Social Care executive group (April 2010)

<sup>10</sup> Stirling Council Social Care Evaluation Framework

The introduction of Community Care legislation<sup>11</sup> in the early 1990s, and the subsequent move from centralised funding of care provision to the holding of specific, ring-fenced funding and accountability by local authorities, saw the development of a *quasi-market* for social care (Hudson and Henwood (2002)). These changes took place within a broader political shift towards a *neo-liberalist ideal* promoting individual aspiration and entitlement over collective responsibility, thus undermining the welfare state as an ethos of government (Webb (2006)). It is possible to read a further development of these ideas within the present coalition government's concern to reduce the public sector and the concept of *The Big Society*. Within the context of social care, Hugman (1998) describes this shift as *the commodification of social welfare* redefining it from being a service performed on behalf of society to something that is produced for sole consumption by the individual *in need*.

Slasberg (2009) acknowledges that the aspiration within the Griffiths Report<sup>12</sup> and subsequent community care legislation was the creation of a system to generate services that would genuinely meet needs and enhance quality of life though Seddon (2008) refers to a rise of *command and control management hierarchies* aimed at reducing welfare expenditure within public sector organisations contributing to a failure of this vision. Hugman (1998) suggests that the prominence of the managerialist approach has subsequently prevented the broader system of social care absorbing the variety of demand upon its services. Hudson and Henwood (2002) identify a fundamental dilemma posed by the introduction of the quasi market within social care. They describe an emerging tension between the degree of collaboration needed across sectors for the effective delivery of services and the essence of competition within an successful market economy, further aggravated by the different accountability structures between health and social care (Dickinson (2008)).

Webb (2006) aligns the political dimension of a *neo-liberalist ideal* with the social dimension of a *risk society* in which risks naturally occur as a consequence of global technological and industrial developments. Beck (1992) and Giddens (2002) also identify a link between these changes within the political/public service context to the *globalization of risk* and a culture of growing public criticism leading to governments exerting increasingly authoritarian measures to minimise risk. Within social care such measures have shifted the focus away from the holistic approach to working with

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<sup>11</sup> NHS and Community Care Act (1990)

<sup>12</sup>Community Care: Agenda for Action (1988)

service users to meet needs towards the management of risk as *actuarial governance*; determining the provision of services through the statistical calculation of risk probabilities (Webb (2006)).

### 1.3 The Emerging Concept of Performance Improvement

As a consequence of the *commodification of social welfare*, within social care organisations the priority for managing performance became the measurement of service inputs and outputs. As quantifiable entities of transaction time, unit cost and volume of service delivery, these were relatively easy to measure. Webb (2006) describes this approach as having increasingly standardised the task of social care though Orme (2001) refers to the increase of competitive behaviours within a performance culture and Seddon (2008) identifies that where these focus of scrutiny is on compliance, this becomes intrinsically demotivating for practitioners unable to demonstrate ingenuity or contribute to improvement. The fundamental deficit of this approach has been its inability to evidence the impact of services provided on service user outcomes (Dickinson (2008)).

It can be argued that the activity of *quality control* within social care can only be legitimately undertaken at the point of delivery. Lewis and Hartley (2001), cited in Dickinson (2008), describe social care services as having the characteristics of *intangibility, heterogeneity and inseparability*; factors which have to be acknowledged and analysed to bring meaning to the measurement and improvement of performance. Seddon (2008) further emphasises that the work of generating and evidencing improvement should be an integral part of the work and not an additional retrospective activity.

Acknowledging these concerns, the context and intention of performance improvement across Scotland's public sector has altered in recent years. The SNP government's concordat<sup>13</sup> included the creation of *single outcome agreements* giving greater freedom for local authorities, alongside community planning partners, to establish priorities that reflect local need as well as national outcomes. Within social care, the development of the Community Care Outcomes framework (2008)<sup>14</sup> further emphasises local accountability in self assessment. SWIA have also looked to reflect a shift in

<sup>13</sup> Concordat between the Scottish Government and local government

<sup>14</sup> Self evaluation tool developed by Scottish Government for Health & Social Care Partnerships

performance improvement from scrutiny to self-evaluation, acknowledging the challenge for social work services in improving the quality of outcomes data, which they see as being the most effective way of measuring performance (SWIA (2010)). Cook and Miller (2010) caution however that although these regulatory changes support a shift to a more outcomes focused culture they still require to be matched by a significant investment in *staff, organisational and service development* on an ongoing basis.

#### 1.4 Impact on Organisational Culture / Practice

Taking into consideration Cook and Miller's concerns, it is necessary to reflect on the specific influence of the political shift to neo-liberalism on the culture and behaviours of social care organisations in order to anticipate those factors that will then potentially impact of the implementation of an Outcomes approach.

In exploring further the reasons for the unmet aspiration of the Community Care vision, Slasberg (2009) highlights that the drive to control spending led to a reliance on *output* strategies. This has involved the pre-purchasing of a range of services affordable within budget and then creating specific assessment processes with the purpose of allocating people to those services. This practice has been seen as ineffective in engaging the service user and instrumental in increasing dependency through the repetitive and costly provision of service (Seddon (2008)). There would be financial incentives for provider organisations to maintain service regardless of need thus depressing the service user's motivation to develop their own capabilities or support systems.

Seddon (2008) explores in particular the organisational impact of the defining and management of *work* as activity or output. In that this paradigm treats all demand as if it is work; it fails to make the distinction between *value work*, what the organisation exists to do, and *failure demand*, the unwanted side product of having previously failed to respond to the presenting need. As a consequence the organisational system becomes inherently inefficient, generating a significant amount of waste and with a limited capacity to achieve flexible responsive services (Hudson (2006)).

In March 2010, a national framework for eligibility criteria for adult social care<sup>15</sup> was introduced by the Scottish Government that looked to *recognise urgency and risk as*

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<sup>15</sup> Eligibility criteria for adult social care services and standard waiting times for free personal and nursing care

*factors in the determination of eligibility for services.* Slasberg (2009) identifies that the requirement to distinguish between eligible and presenting needs has led to a pattern of *false reporting* with practitioners either misreporting presenting needs as eligible or otherwise ignoring them, despite the likelihood of the presenting needs being ultimately the more crucial to an individual's quality of life.

Webb (2006) identified further detriment within the combining of economic and technical rationality to calculate probabilities of risk; that the move away from direct work with individuals and families undermines the fundamental need for trust, recognition and intimacy. Similarly, Hugman (1998) advocates that the focus on the quantifiable aspect of social welfare has precluded the sense of commitment or concern as part of the service provided to the loss of both service user and practitioner.

As a consequence of this diminished relationship between practitioner and service user together with the emphasis on practitioners as *administrative executants* delivering *technologies of care* (Webb (2006)) there is a reduced appreciation of the broader cultural and interpretative framework for professional practice. Of particular concern is that the increased emphasis on office based data inputting has not only left little time for developing relationships with service users (Postle (2002)) but has also undermined practitioners collective knowledge of community resources and consequent ability to support creative, cost-effective care planning (Andrews et al (2009)).

Hudson and Henwood (2002) and Webb (2006) both refer to the existence of *wicked issues* within social care; policy matters of irreducible uncertainty and complex interdependencies. They also emphasise the importance of collective flexibility and partnership to achieve the best response to these issues. However, the emphasis on hierarchical management of output and performance is ill suited to support partnership networks; creating *silo effects* where organisations have sought to transfer risk on elsewhere rather than looking to achieve a collective and adaptive response.

### **1.5 Impact on Organisational Relationships and Learning**

In Stirling Council Social Care the features of ambiguous leadership and lack of engagement with staff on aspects of change management as identified by SWIA (2009) sit alongside reports of staff not feeling valued or involved in service development as

cited within staff surveys<sup>16</sup>. An association can be identified between these descriptors and an organisational model of *adaptive* or *single loop learning* (Fisher et al (2003)) where the primary concern is to ensure targets are met and practitioners are able to adapt to their role requirements. Senge (2006) emphasises the limitations of this level of thinking/learning as it promotes a reactive stance and doesn't address the underlying causes in a way in which patterns of individual/organisational behaviour can be changed. Seddon (2008) shares this concern; highlighting that where there is an emphasis on the management of activity, practitioners become focused on survival rather than contribution or improvement to the detriment of their developing intrinsic motivators and a sense of *value* within their work.

Webb (2006) goes further to assert the reinforcement of *technical rationality* as undermining the *reflexive potential* of individual choice and responsibility both for practitioners and service users. Hugman (1998) describes within neo-liberalism a deliberate and chronic *weakening of professionalism* as autonomy and discretion are limited by a tightening of work processes. Postle (2002) identified the constraints imposed on professional assessment skills by the 'tick box' approach of assessment tools; leading to feelings of disillusionment, confusion and demoralisation amongst practitioners. As reported by SWIA (2009) some staff and managers within Stirling Council have also referred to a loss of professional identity within social work services.

It is particularly relevant here to anticipate the subsequent impact of these perspectives on practitioners' attitudes to the additional organisational change linked to an outcomes approach; Nicholas and Quershi (2004) highlight an apprehension towards a *further entanglement* in managerial bureaucracy and processes that do not reflect the skilled and complex nature of the work. Within our exploration of an Outcomes approach, the imperative is to reflect on its relationship to organisational culture and behaviours both to confirm its epistemological underpinnings and to determine key factors in supporting its implementation within Stirling Council's Social Care Services.

## 1.6 Research into Outcomes

Glendinning et al (2008) define outcomes as the *impact* as opposed to the process or output of service delivery. As such outcomes focused services are those that support

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<sup>16</sup> Stirling Council Work Positive Surveys (2009)

the aspirations of individual services users and contrast with standardised services, determined primarily by providers or commissioners. Nicholas and Quershi (2004) identify the primary aim of an outcomes approach as the finding of practical ways in which the outcomes valued by service users and their carers can be more central to core activities within social care. Whilst the professional role might be to ensure that the individual is better informed about the options that might work for them, the outcomes have to be fully owned by service users rather than bestowed upon them. This implies developing an understanding of service users and carers in the context of their whole lives as well as emphasising strengths, capacity and resilience and building on natural support systems within the family and local community (Miller, Cook and Samet (2009)).

The effectiveness of this approach is highlighted by Hudson and Henwood (2002) who evidenced that the individual's assessment of their circumstances has a greater influence on their reported wellbeing than the actual circumstances themselves. Consequentially if the policy goal of *Improved Wellbeing* is most significantly shaped by the subjective perceptions of service users, then it follows that the service user should be instrumental in determining their own priorities.

Thompson (2008) explores the growing interest in outcomes and although he identifies a link with *New Public Management* and the need to justify expenditure against a clear set of aims and objectives, he also acknowledges the focus on evidence-based practice within an outcomes approach alongside the fundamental principle of empowerment. A study of developing outcomes focused services across England and Wales (Glendinning et al (2006)) described service users affirming how they had been encouraged to identify and achieve goals alongside reports of significant improvements in confidence and morale as well as physical functioning.

Extensive research with older people and their carers undertaken by the Social Policy and Research Unit, University of York (Nicholas et al (2003)) identified three broad sets of outcomes:

- Maintaining *Quality of Life*: e.g. achieving and maintaining acceptable levels of comfort, safety, social contact
- Time Limited *Change*: e.g. improving confidence and regaining self care skills

- Impact of *Service Process*: e.g. service users feeling valued and respected, involved in decision making

Glendinning et al (2008) express concern that there has been a greater emphasis on achieving *change* outcomes for older people, linked to the promotion of independence and autonomy. The dominance of NHS policies and the drive for measurable improvement across health/social care (Hudson and Henwood (2002), Dickinson (2008)) also increases the risk that outcomes are equated solely with *change* to the detriment of less quantifiable *quality of life*. This emphasis undermines the concerns of many service users who are as, if not more, concerned about *quality of life* outcomes (Glendinning et al (2006)). This concern is consistent with the findings of Nolan et al (2006) who highlight the importance of approaches supporting interdependence within the context of relationships, over individualistic services focused solely on promoting independence.

Slasberg (2009) sees an outcomes approach as providing the framework to effectively *manage social care demand through best practice*. As a consequence of meaningful and respectful engagement, service users' personal and emotional resources are maximised, thus minimising dependency on services. The emphasis on partnership and reciprocity also creates an environment where choice and responsiveness result in resources being used more creatively.

Although the Outcomes approach is seen as building on good practice, within the literature it is recognised that its implementation within organisations requires a significant organisational shift. Glendinning et al (2008) highlight the need for highly effective channels of communication and feedback between service users and carers, care management, health and provider services whilst Cook and Miller (2010) report that implementation has been most effective when focusing on culture and practice first, with forms and measurement following. Seddon (2008) articulates the importance of a systems perspective and in particular to focus on the *flow* within the system. He goes on to advocate the starting point for understanding flow is to think *outside in* to work back from the point of demand - the service user's perspective. This resonates with Nicholas and Quershi (2003) who affirm the need for *whole systems* and *multi-level thinking* in the exploration of the instrumental complexities of adopting an Outcomes approach and also with Johnstone and Miller (2008) who identify the necessity of

outcomes being the *starting point* of any engagement with service users from which you work back to think of needed outputs and processes.

### 1.7 Development / Impact of Talking Points: A Personal Outcomes Approach

The *Talking Points: A Personal Outcomes approach* has been developed since 2006 by two researchers, Ailsa Cook and Emma Miller working with the Joint Improvement Team and representatives from a range of social care organisations across Scotland.

The focus of the initial work was an evaluation of services provided by partnership organisations as determined by outcomes achieved for service users and carers. The evaluation toolkit devised from this study, the UDSET<sup>17</sup>, adopted its framework from the work undertaken by SPRU<sup>18</sup> and was piloted across a broader range of organisational sites. In response to the growing recognition that refocusing on outcomes required a fundamental organisational shift, the UDSET has developed into *Talking Points* a broader approach seeking to maximise outcomes for users of social care services and their unpaid carers (Cook and Miller (2010)).

<sup>19</sup>Key findings from the initial study (Miller and Cook (2007)) have reflected the wider literature and have informed the development of *Talking Points*. User groups identified the way in which they were treated by staff within services was at least if not more important than what services achieved. As a consequence two specific principles emerged as underpinning both the UDSET and subsequently *Talking Points*:

- *That service users and carers should be better included in decisions around their care and support*
- *That the support provided delivers good outcomes for service users and carers*

The then development of the Community Care Outcomes Framework also informed the piloting of the UDSET tool, with the UDSET outcomes providing a breakdown of the four high level national outcomes into concepts more meaningful to service users and carers that could be used as the basis of evaluation and review.

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<sup>17</sup> User Defined Service Evaluation Tool

<sup>18</sup> Social Policy Research Unit, University of York

<sup>19</sup> Framework underpinning the national performance framework and Single Outcome Agreement

The evaluation of the early implementer sites (Stewart (2008)) confirmed the value of *refocusing* the conversation with service users and carers within an outcomes approach, with practitioners appreciative of the *reconnection* with their professional value base. The challenges identified related to the extent of cultural shift required across the organisation and the additional time required to ensure meaning within the service user / practitioner conversation. Tensions were also apparent related to the duality of benefit; embedding outcomes for service users alongside performance management for organisations.

Three subsequent studies, within Orkney, Midlothian and North Lanarkshire, offer a longitudinal perspective on the implementation and impact of *Talking Points*. Within Orkney (Cook and Miller (2009)) practitioners felt more confident and better engaged with service users. They stressed the importance of having been given *permission* to take the time that the approach required. This perspective was replicated in North Lanarkshire (Johnstone and Miller (2008)) where practitioners also welcomed the greater focus to practice and improved relationships with service users brought about by the approach.

In Midlothian where *Talking Points* had been piloted across different sites within the partnership, Hitchin (2010) has described difficulties from the lack of integration in agency paperwork and a range of interpretations across the pilot sites both of *Talking Points* and of the concept of outcomes. Johnstone and Miller (2008) also identify varying levels of understanding amongst practitioners, with confusion between outputs and outcomes or the recording of outcomes at a high concept level.

Hitchin (2010) reflects on the uncertainty amongst practitioners about asking directly about outcomes, and reports difficulties where there are different interpretations between service users and practitioners. This is particularly so when first asked at review stage with outcomes not featuring within initial assessment processes. All respondents acknowledged and welcomed the recording of process outcomes though there was concern that biased responses may be given for fear of losing a service.

All three studies emphasise the need to embed *Talking Points* across the whole organisation and with partner agencies, and for there to be explicit buy in from senior management. Outcomes focused supervision and continuing opportunities for shared learning and reflection are seen as essential for sustaining implementation.

## Chapter Two: Methodology and Findings within Collaborative Inquiry

### 2.1 Associations between an Outcomes approach and Collaborative Inquiry

Highlighted within research has been the centrality of a whole systems approach to the sustainable implementation of outcomes focused practice (Nicholas and Quershi (2004)) whilst Flood, writing in Reason and Bradbury (2006), also confirms systemic thinking as an approach that underpins action inquiry. Dixon (1999) introduces the notion of *organisational hallways*; informal places within organisations where ideas get tested against the thinking of others, Binney (2009) describes it as encouraging *solidaristic appreciation* of the work, developing a group mindedness and mutual obligation. These ideas can be seen to be based on the paradigm of *Symbolic Interactionism* (Sarantakos (2005)) where social understanding is generated through the interactions of people, responding to each other on the basis of meanings they attribute to the world.

The themes within outcomes of relationship and reflexivity are clearly encapsulated within a *participatory worldview* seen to underpin all forms of action inquiry (Reason and Bradbury (2006)); advocating the practice of participation as being a process of consciousness raising and empowerment, potentially at a deeper level than the knowledge that is gained. The added value of *bottom up* thinking is also highlighted within the broader range of literature related to systems thinking and organisational learning (Adair (2007), which in itself links back to the nature of *paradigm shift* advocated within the implementation of outcomes (Nicholas and Quershi (2004)). The invitation to be involved in the work of the exploring outcomes sessions and reflective discussion groups has deliberately sought to affirm participants' rights and ability to have a say in organisational decisions, emphasising responsiveness of management towards practitioners' ideas.

Fisher et al (2003) claim that personal and organisational improvement are ultimately achieved when the process of action inquiry stretches awareness and inspires behaviour changes in the midst of ongoing work. Wilson et al (2006) talk of the *responsible self* being developed within a culture of learning where practitioners develop mutually supportive relationships and Reason and Bradbury (2006) describe the participatory perspective as encouraging *situated* and *reflexive* learning. Consequently, the inquiry

questions have been drafted so that they enable participants to feel safe enough to think differently and to generate presentational, propositional and practical knowing from their practice experiences (Heron (1996)).

The model of *collaborative inquiry* has been specifically chosen to engage participants within the reflective discussion groups through a process of repeated episodes of reflection and action (Bray et al (2000)), and create a systematic momentum of learning evidenced not only by new knowledge and actions but also by an embedded confidence for change amongst participants. Throughout the process of Inquiry it has emerged as being important to bring into the model a means of generating *second order* learning; as such, good practice stories have been shared and circulated as ideas and concepts rather than as full prescriptions for practice (Smale (1996)).

## 2.2 Specific Focus of Research Questions being investigated

The evidence emerging from wider research has confirmed a commonality of premise that also has a demonstrable link with the recommendations within Stirling Council's SWIA report and the aims of the inquiry process. The specific focus of research therefore has been to explore and evaluate the effectiveness of the process of Collaborative Inquiry developed within Stirling Council Social Care services against the following indicators:

- *To improve outcomes for older people and people with learning disabilities*
- *To consistently and effectively engage staff in improving performance and outcomes*
- *To embed learning and development within the organisation*

Through the work of the exploring outcomes sessions and reflective discussion groups, the process of inquiry has been ongoing during the period of study. It is important therefore that alongside the focus of research as referred to above there has also been the flexibility to develop further questions within the study that have been responsive to these more detailed findings whilst also exploring connectivity / mutuality of themes.

## 2.3 Inquiry Approaches and Methods

Within the initial phase of the Inquiry three expressions *Authenticity, Congruence and Shared Meaning* emerged as principles to underpin the developing thinking and actions

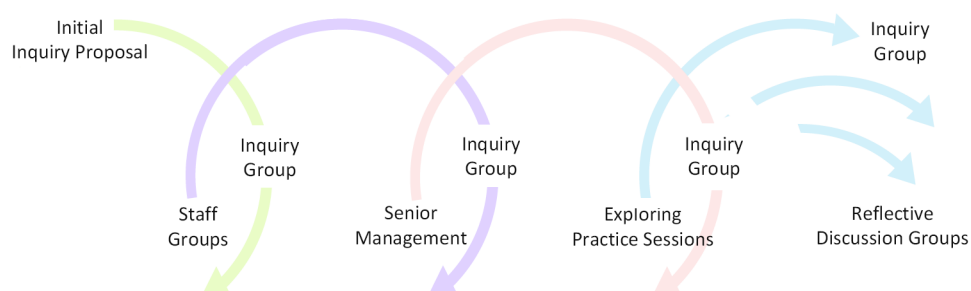
agreed. It has also been necessary to take care that the Inquiry process has itself continued to be a positive and sustainable learning experience for participants; demonstrating flexibility and responsiveness, taking into account the operational issues impacting on capacity for involvement. The Inquiry group has continued to play a significant role in the cycle of reflection threaded through the Inquiry process in order to monitor all activity against these principles. Also, the senior managers in Adult Social Care services have maintained a commitment to the responsiveness of feedback loop within the Inquiry process and members of the JIT action group have taken on the role of *critical friend* throughout the period of study.

At the outset of the Inquiry, four generative questions had been identified and reflected on within the Inquiry group:

- *What does an Outcomes approach mean for day to day practice*
- *What are the current messages influencing practice*
- *What is the culture behind these messages and their impact on staff and service users*
- *What are your ideas to support the implementation of an Outcomes approach*

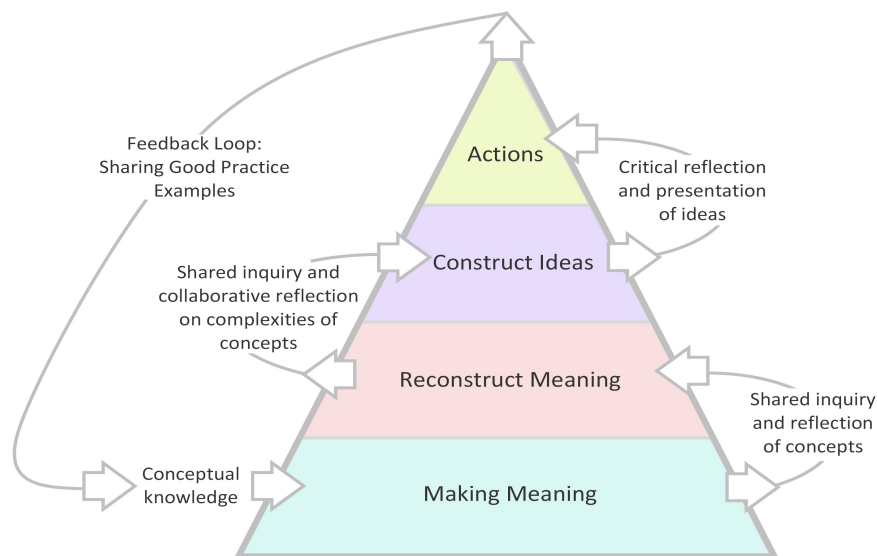
Inquiry group members recognised that it wouldn't be sufficient for the *making of meaning* around these questions to be contained within the group itself, the agreed meaning had to be communicable and responsive to a wider arena of experience and opinion. They agreed to share a short presentation together with these questions with other groups of staff thus promoting their role as *co-inquirers* and the process's openness to alternative perspectives. The cycle of reflection and action (see Fig 2.1) refined itself through subsequent meetings and feedback with Senior Management as the group became more focused toward the action of developing a support/ learning framework for staff.

**Fig 2.1: Collaborative Inquiry Process**



Key feedback from the initial phase of the Inquiry process was that staff needed to be convinced that not only was this going to be a whole systems change but that they had the *permission* from management to practice in this way. Staff's views about a learning and support framework were that learning should be experiential; encouraging reflective discussion in small groups and linking those who are already working together.

**Fig 2.2: Model of Learning within Inquiry Process**



Further reflection on this feedback generated a model of learning (see Fig 2.2) within which the Inquiry group identified three specific learning outcomes for the *Exploring Outcomes in Practice* sessions;

- *To gain experiential understanding of an Outcomes approach and its value in individual practice*
- *To be convinced of management support and the impact of an Outcomes approach on organisational practice*
- *To explore further the opportunities for collaboration and implementation*

These learning outcomes in themselves were seeking to further reinforce the process of collaborative inquiry within the sessions by encouraging the collective learning from the direct experiences of others and developing both an understanding and construction of participants' sense of meaning of an Outcomes approach (Bray et al (2000)).

Since November 2009, 180 staff across Social Care, Health and partner agencies have participated in *Exploring Outcomes in Practice*<sup>20</sup> sessions which have been facilitated by the Professional Development Manager with support from members of the Inquiry group and contributions from senior managers within Adult Social Care. Time was given in the sessions for participants to record their personal reflections<sup>21</sup> related to the key questions that had been identified within the Inquiry group. Participants were offered the opportunity to contribute these reflections to the Inquiry process, with the commitment of management to feedback to these ideas. Over the more recent sessions there has been evidence of growing experiential confidence as participants have been more able to contribute their own outcomes focused practice examples to the collaborative discussions, bringing a resonance and conviction to that discussion, validating the value within an Outcomes approach. Evaluations<sup>22</sup> have indicated that the most helpful aspects of the sessions have been the opportunities to meet staff from other service areas as well as being involved in collaborative discussion and experiential exercises.

Gaventa and Cornwall, writing in Reason and Bradbury (2006), emphasise the importance of developing change programmes horizontally with peer to peer sharing; creating the opportunity to build *demonstration projects* which then spread to other areas. This perspective informed the progression of Inquiry from the *Exploring Outcomes* sessions to the Reflective Discussion groups. 40 staff are currently participating in the groups, with others looking to contribute in the second phase of groups due to begin work in November.

Involvement in the Reflective Discussion groups has been voluntary and participants when attending the *Exploring Outcomes* sessions have identified the areas of practice in which to generate more focused reflection and activity related to an Outcomes approach. These selections were shared with the Inquiry group and senior managers and four themes were selected for the initial phase of Reflective Discussion groups:

- *Assessment*
- *Supervision*
- *Re-ablement*
- *Intermediate Care*

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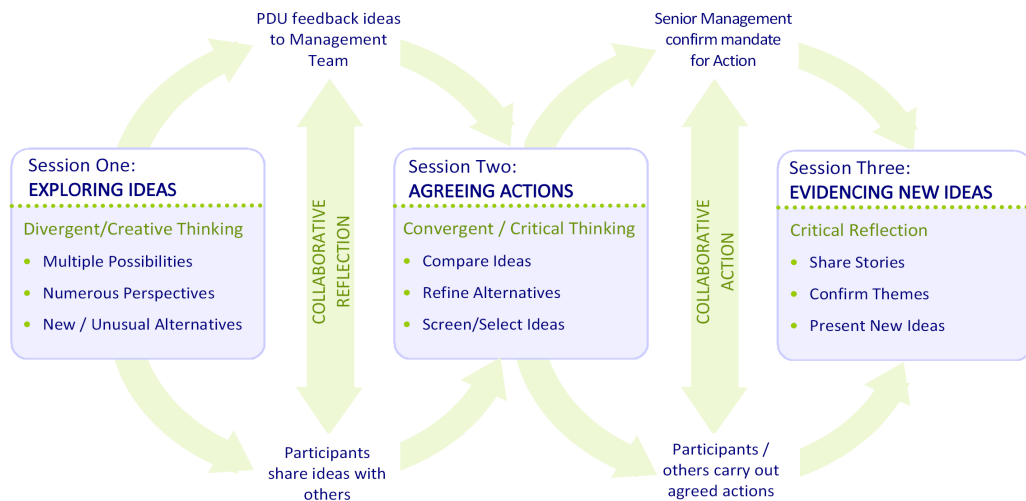
<sup>20</sup> See Appendix A: Exploring Outcomes Programme

<sup>21</sup> See Appendix B: Personal Reflections on Inquiry Questions

<sup>22</sup> See Appendix C: Exploring Outcomes Evaluation Form

The work within the groups has followed a process as described in **Fig 2.3** and has looked to create further opportunities for shared conversation and action within which staff have collectively generated a different interpretation of experience of outcomes (Senge (2003)) *drilled down* to the more specific areas of practice.

**Fig 2.3: Model of Learning within Reflective Discussion Groups**

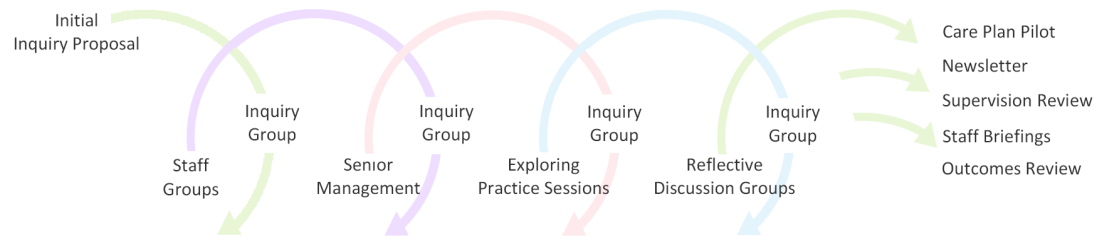


To reduce the potential for reactivity and minimise bias as a practitioner researcher, all of the groups have been facilitated by an external facilitator; also to demonstrate authenticity within the Inquiry record, all of the group discussions have been recorded by PD admin and participants have been given pre-formatted response forms<sup>23</sup> as a means of separately recording ideas not vocalised within the wider conversation. The agreed outcomes and activity generated within the groups have been articulated within action plans<sup>24</sup> which have subsequently demonstrated the endorsement of senior managers for the activity to progress.

<sup>23</sup> See Appendix D: Reflective Discussion Groups Recording Form

<sup>24</sup> See Appendix E: Reflective Discussion Groups Action Plans

**Fig 2.4: Extended Collaborative Inquiry Process**



The journey of Inquiry as described in **Fig 2.4** has been guided by the knowledge gathered and developing ownership of an expanding participant group. This has been indicative of *Grounded Theory* (Sarantakos (2005)); centered on everyday knowledge and primary experience, allowing the theory to emerge during the process of Inquiry. As such it has also required an ongoing analysis of data collected; not only to develop understanding but also to inform the nature and scope of the next phase of Inquiry.

## 2.4 Reflections on Inquiry Approaches and Methods

An important feature within the reflective discussion groups was the self selection of participants. However, due to the timing of when staff participated in the *Exploring Outcomes* sessions and thus signed up for the groups did mean that some groups' initial membership did not include those with a key knowledge around that specific practice area. Although that evolved over the life time of the groups, it led to differing levels of confidence within each group to commit to the actions agreed. It was important to respect these differences and to allow for additional meetings/membership and sufficient time for that confidence to develop.

Wadsworth, writing in Reason and Bradbury (2006) talks of the process of organic or naturalistic recruitment across a network of Inquiry, a notion that resonated with an analogy that emerged for the author within this Inquiry process; that of *knitting together* the aspects of learning and activity across the groups and beyond; connecting the shared experiences of participants and articulating the relevance of that experience to service improvement. The analogy also allowed for an acknowledgement of unraveling; reinforcing the facilitator's responsibility to re-knit, focusing on and

articulating the heart of the Inquiry; the implementation of an Outcomes approach. An example of this *re-knitting* has been in relation to care management staff's initial response to the use of the *Outcomes Review* tool, and the need to work with SCOs in developing specific reflective sessions around outcomes focused assessment and review.

Sarantakos (2005) acknowledges the emphasis within *Grounded Theory* on the researcher as an element within the research process as well as an interpreter of it. It has been a feature of this Inquiry process that, through the facilitation of the *Exploring Outcomes* sessions and co-ordination of other Inquiry activity, the author has been increasingly associated with the Outcomes approach across other aspects of learning and organisational activity. Whilst acknowledging the value of this association in energising the Inquiry it has also been necessary to be mindful of its impact on the potential for *reactivity*, and to continue the collaboration with the Inquiry group into the evaluation phase, to ensure a *rootedness* and durability to the generated ideas and activity. It has also demanded an unprejudiced objectivity to the data on the part of the author, notwithstanding their role in the facilitation of participants and subsequent generation of that data.

## 2.5 Analysis of Personal Reflections within Exploring Outcomes sessions

A significant source of detailed mid-point data from which to explore staff's perceptions of an Outcomes approach and determine the next steps of the Inquiry process; has been their personal reflections as recorded within the *Exploring Outcomes* sessions. These anonymised responses gave a wealth of responses to the four Inquiry questions and in accordance with both the principles of an Outcomes approach and the inductive nature of *Grounded theory* (Sarantakos (2005)) it was important to avoid preconception when examining and comparing them.

The first stage of the analysis was to identify *indicators* within the responses which pointed towards any given *concepts*. A range of indicators emerged which pointed towards a potential link with the three SWIA recommendations identified at the outset of the Inquiry as related to an Outcomes approach. To test this link the SWIA recommendations were used to group the indicators into three broad concepts;

- *Outcomes for service users / Individual practice*

- *Engagement between managers and staff / Organisational practice*
- *Embedding learning and development*

Alongside the perspectives and ideas shared within personal reflections, staff also made reference to their emotional impact. It was important therefore to acknowledge this emotional response as a distinct concept within the analysis.

The second stage of analysis or *open coding* within each question was to explore further the set of indicators within each concept to determine whether there were *categories* of response demonstrating patterns or priorities within staff reflections. *Key categories* were identified as those generated by ten or more response/indicator counts within the concept as a whole.

To determine the significance of categories and explore the potential linkage or *axial coding* between categories, the data was presented in two separate formats. A Summary Table<sup>25</sup> gave an overview of the responses to the four Inquiry questions having quantified the indicator counts against each concept/SWIA recommendation. Individual mind maps<sup>26</sup> have presented sets of visual information, allowing for instinctive, first glance analysis of range, themes and linkages within staff reflections whilst also facilitating a more collaborative exploration and comparison of responses, enabling participants, inquiry group members and senior managers to participate within the analysis. These mind maps have been made available to staff within the first edition of an Outcomes newsletter<sup>27</sup> and on the Professional Development Unit's *Outcomes* page on Stirling Council's intranet<sup>28</sup>.

**2.6 Presentation of Findings from Personal Reflections within Exploring Outcomes sessions**

The detailed analysis of each Inquiry question in turn has generated specific sets of information enabling a more focused comparison of perceptions of meaning and experience over the course of the study.

**Question1: What does an Outcomes approach mean for day to day practice?**

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Nearly two-thirds of responses (62%) associated the meaning of an Outcomes approach with improving outcomes for service users; nearly three times as with the nature of

<sup>25</sup> See Appendix F: Personal Reflections: Summary Table

<sup>26</sup> See Appendix G: Mind Maps of Personal Reflections

<sup>27</sup> See Appendix H: Outcomes Newsletter

<sup>28</sup> Stirling Council Web site accessible to employees

management's engagement with staff and more than four times the association with the embedding of learning and development. Out of the four questions, the meaning of outcomes generated the most significant number of positive emotional responses and only 2% of participants did not see the approach as being relevant to their role.

There were four key categories of meaning associated with improving outcomes for service users;

- *Centrality of service users within this approach*
- *Discussion/Engagement with service users*
- *Creative approaches*
- *Bringing a focus to practice*

Centrality of service users was the most significant. A further linking of the categories of involving everyone, changing everything and organisational change generated a further key category of;

- *Comprehensive Organisational Change*

It was also possible to identify links between categories; Learning about outcomes was seen to increase practitioner confidence which brought a *focus to practice* which improved outcomes for service users. Bringing in outcomes at the *start of involvement* with service users as well as at the *start of team meetings*, emphasising the sense of discipline within the approach. The *comprehensiveness* of the requirement for organisational change was also reflected in the need for the approach to influence *all* learning and assessment, and the hoped for *permission* to take time to improve outcomes linked with a *freedom* for staff to practice in an outcomes way.

## **Question 2: What are the current messages influencing practice?**

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When considering the messages that currently influence practice, there was a balance between those related to improving outcomes for service users (47%) and those linked to management's engagement with staff (42%) though there were significantly less responses (11%) linked with learning and development. In relation to improving outcomes for service users there was a balance between messages that worked *towards* an Outcomes approach and those that worked *against*, though related to management's engagement with staff the majority of responses (4:1) indicated a

*working against* outcomes. All indicators related to the emotions associated with current messages referred to *senses of frustration*.

Again staff highlighted the *centrality of service users* as the most significant key category that supported the improving of outcomes for service users, with *time constraints* working against. Other indicators within categories working towards an Outcomes approach also reflected principles and aspirational changes e.g. *the need to change the way we work* where indicators that were working against outcomes tended to be statements of how things are e.g. *pressure to keep waiting lists down*.

The two key categories related to management's engagement with staff that worked against outcomes were of *resource led services* and *budgetary pressures* and links could be identified with categories under outcomes for service users of *emphasis on process* and *rationing of resources/services*. A number of other categories seen to be working against an Outcomes approach related to aspects of organisational practice that are seen to be needing to change e.g. *commissioning needs to be outcomes focused*. Less than one per cent of responses referred to risk as a message impacting on practice.

Despite the extent of categories working against outcomes, one key category working towards outcomes was the demonstration of *support to an Outcomes approach from senior management* which underpinned a link identified across all three concepts of *supporting flexibility, staff thinking out of the box* and *shift in thinking*.

### **Question 3: What is the culture behind these messages and their impact on staff and service users?**

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Across responses to the four questions it was those related to organisational culture and its impact of staff and service users that revealed the strongest sense of factors working against an Outcomes approach. Participants' responses related to culture also generated the most significant association with management's engagement with staff (67%) and the weakest with learning and development (2%). The feelings associated with the impact of culture were unequivocal *this must change*.

Three of the key categories of meaning generated around management's engagement with staff were associated with factors that worked against an Outcomes approach; *rigid and restrictive services, service led approaches-focused on outputs and frustration, low aspiration amongst staff*. A link could be identified here with the one key category related to improving outcomes for service users; *service users fitted into available services*, again seen to be working against an Outcomes approach.

Other links between categories demonstrated the extent of negative impact between organisational culture and outcomes for service users: *low aspiration amongst staff* with *low aspiration amongst service users, reactive risk adverse services* with *services only received if high risk and slow progress in development work* with *lack of anticipatory care*.

The one category with management's engagement with staff that reflected a working towards an Outcomes approach was the *positive that management has embraced outcomes*.

#### **Question 4: What are your ideas to support the implementation of an Outcomes approach?**

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Across the four questions, the responses related to supporting the implementation of an Outcomes approach were most equally spread across the three concepts. There was a significant increase of responses related to learning and development and the highest number of indicators supporting the implementation of outcomes were those related to the concept of management's engagement with staff. There were no key categories identified within the initial analysis but common themes emerged enabling links within and across concepts. The one response describing emotions related to implementation was; *I like the idea*.

Within the concept of improving outcomes for service users, bringing together the categories of *more open discussion with service users and better information/forums for service users* generated a key category of *centrality/expertise/openness with service user*. The other significant category was that of *investment at the start of engagement*.

Within management's engagement with staff, bringing together *continued feedback/support from management* with *feedback of ongoing audit* and *open communication with staff* generated a key category of *open feedback loop between*

*management and staff to monitor outcomes improvement.* Also, bringing together *closer collaboration across services* with *bringing everyone on board* generates a key category of *collaborative involvement of all staff.*

The extent of links identified between concepts could be seen to demonstrate a greater coherence across these themes than has been present within the existing culture. The links between the concepts of improving outcomes for service users and management’s engagement with staff were; *service user champions* and *staff champions, open and honest discussion with service users* and *open and honest communication with staff.* Between these concepts and embedding learning and development further links were identified; *focus on outcomes in team meetings* with *integrate outcomes into supervision, recognise good practice* with *share good practice stories* and *creative services* with *learning to think differently.*

## 2.7 Products and Progress of Actions from Reflective Discussion Groups

From their participation in the *Exploring Outcomes* sessions, staff from across Social Care and Health had expressed an interest in being involved in the Reflective Discussion groups. The self selection of participants generated a potential membership within each group reflective of all service areas. Not all of the anticipated participants from Health attended the groups and **Fig 2.5** shows the eventual spread of membership within each group.

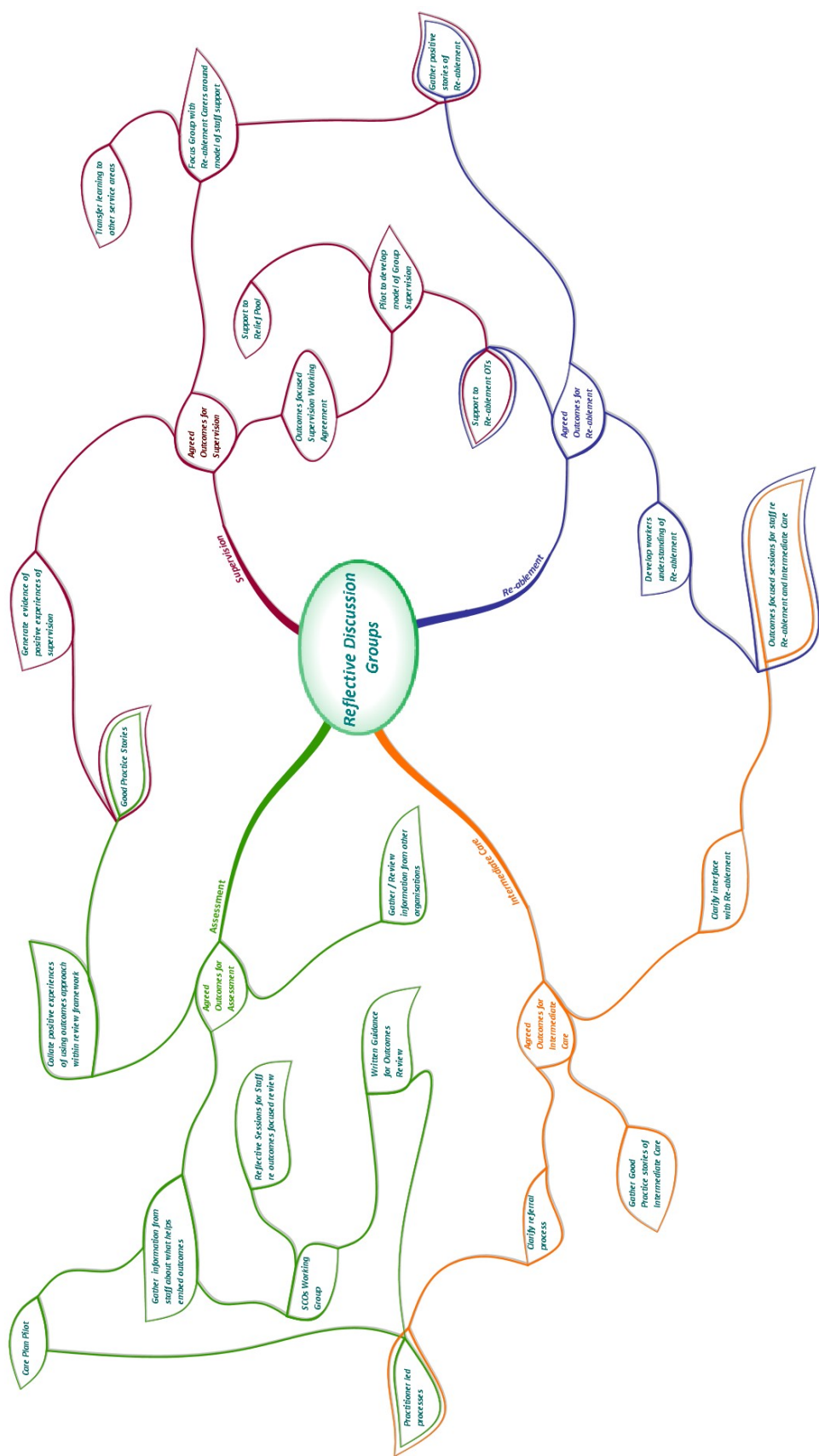
**Fig 2.5: Participation in Reflective Discussion Groups**

	Supervision	Assessment	Intermediate Care	Re-ablement
Care Management	3	7	3	7
Direct Provisions	4	3	5	4
Health		(1)	(2)	1
Other (Social Care)	2	1	1	
Total	9	11	9	12

Having been introduced to the model of learning as described in **Fig 2.3** each group then reflected on the specific impact of an outcomes approach within their area of practice and drew up a set of *agreed outcomes* outlined in the Action Plans.

As the groups progressed there was an increased opportunity and awareness amongst participants to draw in related activity now taking place across Social Care and generate and articulate a more expansive understanding around outcomes. Equally the scope of activity that has taken place within each group has been impacted by the extent of drivers already established elsewhere. The helpfulness of acknowledging this has prompted a range of *conversations* with practitioners and managers outwith the groups which in turn has encouraged collaboration, reinforcing an outcomes focus.

Fig 2.6: Reflective Discussion Groups Activity & Products



Using a mind map (see **Fig 2.6**) to explore the spread of activity generated from within each group has demonstrated areas of connection and overlap that could be interpreted as key principles to underpin future developments.

- *Gathering and Sharing of Good Practice examples*
- *Practitioner led processes*
- *Outcomes focused sessions/conversations at interface of services*

In co-coordinating the groups' activity it has been important to demonstrate flexibility, to be mindful of the operational pressures that participants face; indeed to be focused on the *outcome* activity rather than *process* or *output* within each group. The perceived value of participation has been described by one of the group members within the Outcomes Newsletter:

*I felt valued from having the opportunity to discuss with colleagues how we can help achieve better outcomes for people. Being given time to explore colleagues concerns and understanding of the outcomes focused review says to me that someone is listening and wants to make this work.*

## **2.8 Learning from Good Practice Examples/Outcomes focused Reviews**

As a consequence of themes emerging from both the *Exploring Outcomes* sessions and the Reflective Discussion groups staff across Social Care have been invited to share good practice examples. A specific pro-forma was developed<sup>29</sup> to support analysis and comparison of stories shared; these have then been posted on the PDU's *Outcomes* page within Stirling Council's intranet. An outline of some of the outcomes achieved within the stories shared to date are described in **Fig 2.7**.

<sup>29</sup> See Appendix I: Pro-forma for Good Practice Examples

**Fig 2.7: Examples of Outcomes focused practice**

*Although the referral was initially for long-term care, doing an outcomes focused assessment showed that the service user wanted to stay in her own home. A self-directed payment has been secured for 6½ hours support and family have been involved in obtaining a personal assistant to support their mother.*

*Crossroads has been used in place of the referral for residential respite given the service user did not like respite care in a residential setting. It was noted that this service provided was at significantly lower cost than residential respite but, more importantly, consistent with the service user's individual's wishes and promoting greater independence.*

*Service user, supported by her husband had wanted to return home from a care home. She went home with a 3 x per day care package, which worked out very well. This care package has subsequently been reduced to 2 x per day as she goes out during the day. The couple are very happy with the care providers. Care home staff were also very supportive of the move home.*

*Using the outcomes based review format helped to identify concerns that a service user had with timing and quality of care. The review tool helped to pinpoint concerns and areas that needed to be changed to meet the individual's outcomes.*

A theme practitioners described across these examples was the difference to the *quality of the conversation with the service user*, the focus of conversation being different to the nature of the initial referral and as a consequence the intervention is also different

The Business Support Team<sup>30</sup> has undertaken an interim quantitative analysis of *Service Users Outcomes Summaries* as collated from the Outcomes Reviews<sup>31</sup> carried out by Care Management staff between March and August 2010. This analysis appears to demonstrate significant satisfaction from both service users and carers, particularly in respect of *physical and emotional safety* and *involvement in care package choices and decisions* (Service User Outcomes Summary (2010)).

These figures demonstrate congruence with other local authorities looking to determine service user satisfaction in this way. However, Cook and Miller (2010) advice caution when collating outcomes data through survey approaches; there are potential uncertainties around the conceptualisation of satisfaction and also a possible underestimation of dissatisfaction particularly if linked with anxiety around loss of service. Validity of findings is further undermined, as in the case of the Stirling figures,

<sup>30</sup> Team providing IT and Data analysis support to Stirling Council Social Care

<sup>31</sup>Stirling Council Social Care Outcomes Review Tool

by the extent of non-response and the consequential unknowing as to the message that gives.

## Chapter Three: Methodology and Findings within Evaluative Study

### 3.1 Reflections on Methodology underpinning Evaluative Study

Continuing the model of *Grounded Theory* as described in Chapter Two, three specific principles have informed the collection of *evaluative* data within the study. The triangulation of data source and method, that it should continue as an enabling experience for those involved, and that it would be manageable within the given timescale and resources. Once the Reflective Discussion groups were established, questionnaires<sup>32</sup> were circulated to group participants alongside the comparative group of staff who were solely involved in the *Exploring Outcomes* sessions.

Of particular concern to the author has been the potential for researcher bias most specifically linked to the author's increasing conviction of the value within an Outcomes approach, itself encouraged through the enhanced learning and critical reflection necessitated by the study. An additional potential for bias relates to the author's professional background within Social Work and differing levels of familiarity with respondents' perspectives according to their practice context. Also the nature of information gathered across the Inquiry and evaluation has not necessarily been complementary and as such has a *patchwork* quality. With this in mind, structured discussions have taken place with senior managers within Adult Social Care and a focus group discussion has been held with members of the Inquiry group to refine responses and guard against researcher bias with the evaluative analysis.

It had been hoped to have discussion with users and carers who have been in receipt of outcomes focused support over the period of the study, though this has not been realised within the required timescales. Although service user and carer views have been recorded in the good practice examples and outcomes reviews, this is a gap in the analysis which would look to be included in a subsequent phase of the ongoing Inquiry.

Given the emerging nature of the Inquiry process, it has been important that the evaluative study of that process would also be of flexible design, responsive to the knowledge generated within the Inquiry. Consequently the themes emerging from the analysis of *Personal Reflections* informed the structure and questions within the staff questionnaire and the focus group discussion.

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<sup>32</sup> See Appendix J: Staff Questionnaires

As the extent of budgetary pressures emerged, together with the resultant uncertainty over the future structure of services, there was a growing concern not to create unnecessary *respondent burden*; to achieve throughout the evaluation as with Inquiry process an individual and organisational gain from the work that was asked for. To not do so would have in itself undermined the principles of an Outcomes approach, being seemingly more concerned with the output rather than outcome of the Inquiry process.

### 3.2 Ethical Considerations

The measures built in to this study to promote validity and to minimise researcher bias and reactivity have needed to be incorporated together with the democratic principles of participation into an ethical framework relevant to both the collaborative inquiry and the more traditional qualitative aspect of evaluation.

Conforming with the University's code of research ethics<sup>33</sup> all participants within the evaluative study have been informed in writing of its scope and purpose<sup>34</sup>, identifying the researcher, research institution and with whom the findings will be shared. A guarantee of privacy, anonymity and confidentiality has been given alongside a confirmation that participation is voluntary. Each participant has been asked to sign an informed consent form<sup>35</sup>. All correspondence and data related to this study, whether electronic or hard copy has been stored securely.

### 3.3 Presentation of Findings from Staff Questionnaires

Within the staff questionnaire respondents were invited to consider sets of questions under themes that linked with findings already generated within the Inquiry, enabling a more focused comparison of perceptions of meaning and experience over the course of the study;

## 1. Responses

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Eighteen completed questionnaires were returned by staff (a 10% response rate). **Table 3.1** shows the range of respondents related to the range of participants within the

<sup>33</sup> See Appendix L: Research Ethics Formative Assessment

<sup>34</sup> See Appendix J: Letter of Introduction

<sup>35</sup> See Appendix J: Consent Form

*Exploring Outcomes* sessions, **Table 3.2** shows in more detail the extent and nature of respondents' involvement within the Inquiry process.

**Table 3.1: Range of participants/respondents according to area of service**

	Health	External Organisations	Care Management	Direct Provisions	Other Social Care	Total
Exploring Outcomes in Practice	15	14	49	78	24	180
Study Respondents	3	2	4	5	4	18
Percentage of Participants	20%	14%	8%	6%	17%	10%

**Table 3.2: Range of respondents according to involvement in Inquiry**

	Exploring Outcomes in Practice	Reflective Discussion Groups	Inquiry Group
Number of Participants	180	41	7
Study Respondents	18	8	4
Percentage of Participants	10%	20%	57%

Ahead of the more detailed analysis, it is important to acknowledge with caution the potential impact of the differing percentage of respondents per service area on the following analysis. The responses from the two operational services within Social Care which have had the greatest representation at the *Exploring Outcomes* sessions, and notably the most direct engagement with the broader range of service users, reflect a relatively smaller percentage of respondents. It has been important therefore to test these findings against other learning within the Inquiry process and the further collaborative reflection of Inquiry group members.

## 2. Understanding of an Outcomes approach in practice

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**Table 3.3: Meanings attributed to an Outcomes approach**

	1	1+2	1+2+3
Centrality of Service Users	7	11	15
Discussion / Engagement with Service Users	7	16	17
Creative Approaches	3	7	15
Organisational Change / Change Everything	2	2	5
Other	0	0	0

Using a ranking scale against the key categories of meaning attributed to an Outcomes approach within staff's personal reflections enabled further testing or *saturation* of these categories. Looking at first, then first and second, then first, second and third ranking (see **Table 3.3**) reinforced a significant emphasis of meaning around *Discussion/Engagement with Service Users* supported by *Centrality of Service Users* and *Creative approaches*.

*The outcomes approach encourages further and more in depth discussion with the service user, it details their feelings where otherwise they may not have been addressed or recorded (R6)*

### 3. Experience of the impact of an Outcomes approach in practice

Respondents were asked to comment on their experience of the impact of an Outcomes approach on six areas of practice, drawing on the key concepts identified within staff's personal reflections. Overall, the experience of impact was positive across all areas/concepts with an average of 14% *strongly agree*, 51% *agree* and 1% *disagree*.

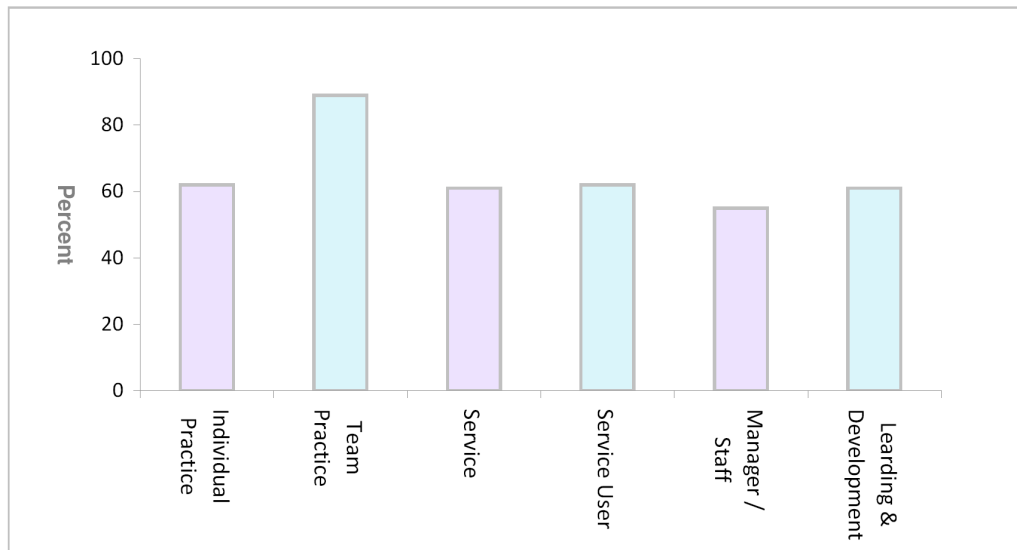
**Table 3.4: Impact of Outcomes approach in practice**

The commitment to implementing an Outcomes approach across Social Care and with our partner organisations has:						
	Q5: Had a positive impact on my individual practice	Q6: Had a positive impact on our practice as a team/service area	Q7: Had a positive impact on our practice as a social care organisation	Q8: Improved outcomes for service users and carers	Q9: Improved managers engagement with staff	Q10: Reinforced a culture of learning in practice
1	N	A	A	N	A	A
2	A	A	O	N	N	N
3	N	A	A	N	A	A
4	A	A	SA	A	SA	N
5	SA	SA	A	A	N	SA
6	A	N	N	A	D	N
7	N	A	A	A	N	N
8	A	A	A	A	A	A
9	A	N	N	D	N	A
10	SA	SA	SA	SA	SA	SA
11	A	A	A	A	A	A
12	A	SA	A	N	A	A
13	N	A	A	A	N	A
14	A	A	N	N	A	A
15	N	A	O	O	O	O
16	SA	SA	A	A	A	SA
17	N	A	D	A	A	D
18	N	A	N	A	D	N

SA – Strongly Agree, A – Agree, N – Neutral, D – Disagree, SD – Strongly Disagree

Using sample groupings according to service area, role and nature of involvement within Inquiry process then enabled comparisons to be made between these experiences of impact. To generate the comparative indicator of impact, the percentage of those who disagreed with statement was subtracted from that of agreed and strongly agreed.

**Chart 3.5: Respondents experience of impact as percentage of sample group**

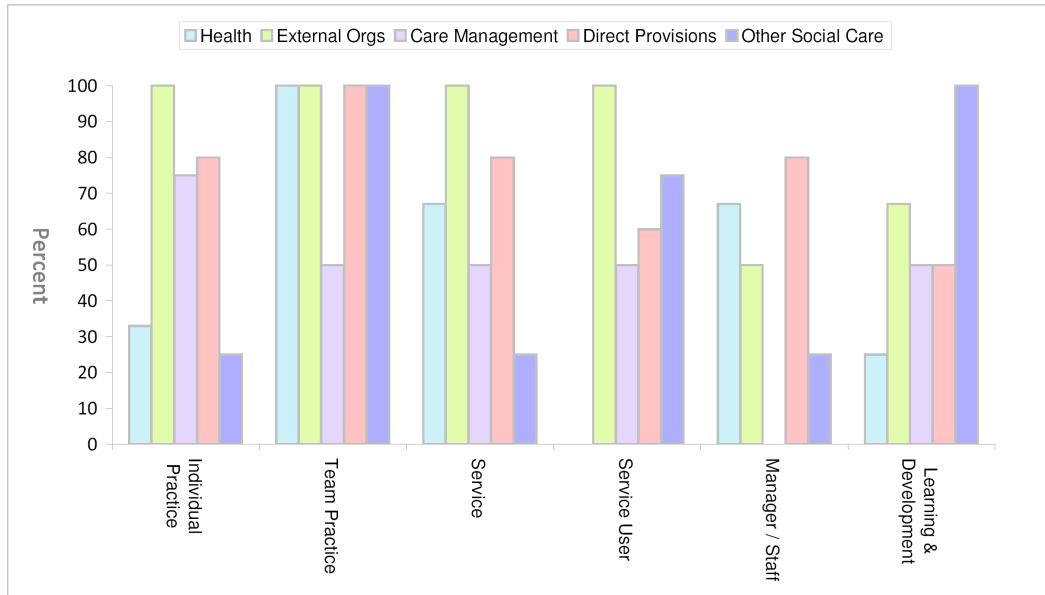


The strongest evidence of the positive impact of an Outcomes approach was related to *practice as a team/service area* followed by *individual practice* and *learning culture*. The area where experience of positive impact was weakest was in *managers' engagement with staff*.

*This (engagement with staff) could be further improved, managers need to promote this at every opportunity and start using Outcomes language (R 18)*

#### 4. Experience of impact as per service area

**Chart 3.6: Experience of impact as per service area**



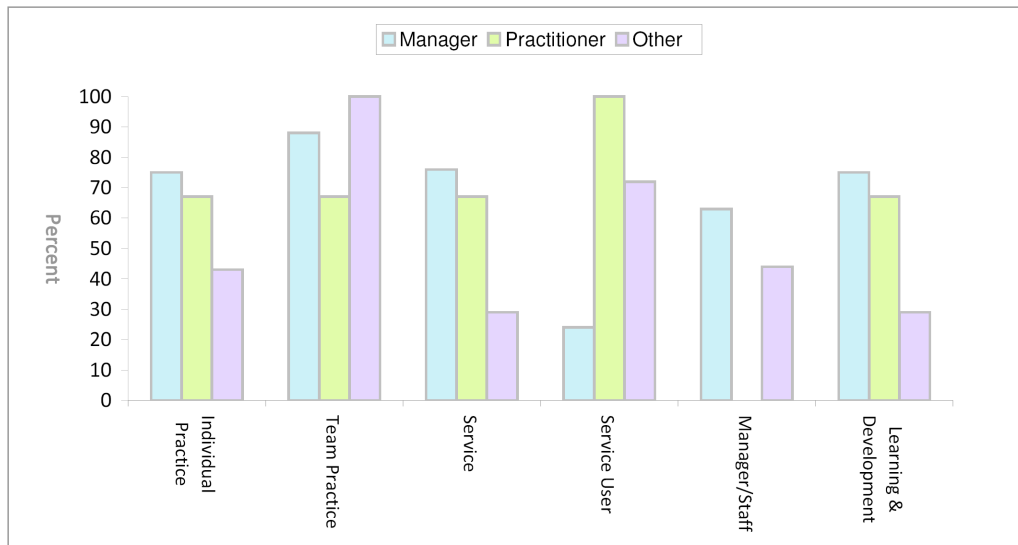
In looking for comparisons between service areas it has been necessary to acknowledge the impact of the different sample sizes across the respondent group and the different proportions of practitioner to manager within each service area. Respondents from *external organisations* had the most significant sense of positive impact across individual, team and service practice. *Care management* were less convinced of the positive impact on team/service practice and staff outwith operational services were least convinced of impact across the three practice areas.

*Health* respondents claimed the least experience of positive outcomes for service users, respondents from *direct provisions* were most convinced and *care management* the least convinced of the positive impact of an Outcome approach on manager’s engagement with staff.

All *Direct provisions* respondents identified a reinforcing of learning in practice, the group least convinced of a positive impact on learning culture were those outwith operational services; it is worth highlighting that 75% of that group of respondents work within the Professional Development Unit, potentially reflective of their involvement with operational staff who had not participated in the *Exploring Outcomes* sessions.

## 5. Experience of impact as per role

**Chart 3.7: Experience of impact as per role**



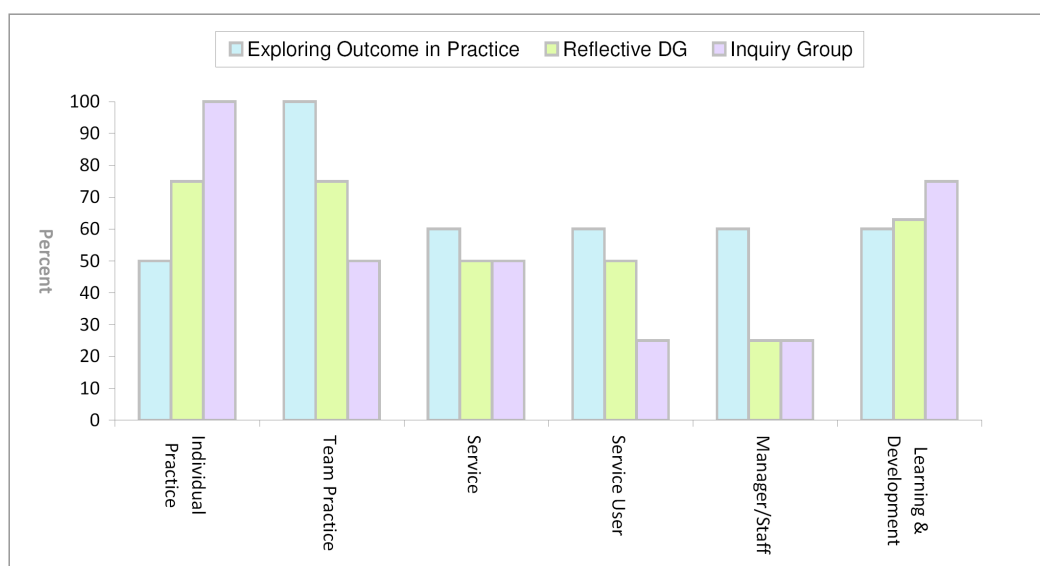
Across the respondent group, three roles were identified: practitioner, manager and other. *Managers* most strongly identified with positive impact within individual practice and across Social Care. Those within the *other* group were most confident of positive impact within practice across team/service area. *Practitioners'* response was consistent across the three service areas.

*I find I am spending more time talking with residents; more often than not they, rather than me, comes up with the solution. (R11)*

*Practitioners* were wholly convinced of experiencing positive outcomes for service users, the majority of *manager* respondents were neutral or disagreed with an experience of positive service user outcomes. *Managers* were appreciably more convinced of a positive impact on manager's engaging with staff than practitioners Both *Managers* and *Practitioners* claimed notable positive impact on learning in practice.

## 6. Experience of impact as per involvement in Inquiry

**Chart 3.8: Experience of impact as per involvement in Inquiry**



Within the respondent group there were those who were solely participants in the *Exploring Outcomes* sessions, those who were also involved in reflective discussion groups and Inquiry group members (all of whom had been involved in reflective discussion groups.)

The more involvement respondents had had in the Inquiry, the more significantly they identified a positive impact on their individual practice. However the reverse was the case in relation to positive impact on team/service area. The perception of impact across Social Care was the same across all levels of involvement.

*I feel I have a deeper understanding of the Outcomes approach through being involved in the Inquiry Group and am more willing to use it in practice (R6)*

Further involvement in the RDG also reduced respondents' conviction of experiencing better outcomes for service users, though this may in particular be related to the relatively small number of practitioner respondents within this grouping. Those involved in the RDG were less convinced of positive impact on managers' engagement with staff though were more convinced of positive impact on learning culture.

## 7. Relative impact of Quality of Life, Change and Process Outcomes

**Table 3.9: Relative Impact of Quality of Life, Change and Process Outcomes**

	1	1+2	1+2+3
Quality of Life Outcomes	6	9	14
Change Outcomes	5	9	14
Process Outcomes	7	13	15

Using a ranking scale against the three sets of outcomes identified within the *Talking Points tool* enabled a comparison of their impact. Looking both at first, then first and second rankings an understanding and consideration of *Process outcomes* was identified as having the most impact on practice, notwithstanding the view was expressed that *all outcomes are important to service users (R10)*.

Comparing the challenge faced by practitioners in addressing the sets of outcomes, *Process outcomes* were also perceived to be the least challenging to focus on.

*Can be difficult to be direct about often personal information. At times in past skirted around issues, feeling it was someone else's area. Begin to realise that often the most challenging outcomes can be the most important. (R 14)*

## 8. Ideas to support and sustain an Outcomes approach

**Table 3.10: Ideas to support and sustain an Outcomes approach**

	1	1-2	1-3	1-4	1-5	1-6	1-7	1-8	1-9	1-10
Open discussion	6	11	12	15	16	16	18	18	18	18
Start of engagement	2	5	7	11	11	13	15	16	16	17
Service User / Carer forum	2	3	4	5	5	6	7	10	13	15
Creative services	1	1	6	6	8	10	12	12	13	15
Changes to systems	3	3	6	9	11	12	12	12	14	15
Bringing everyone on board	5	9	10	11	12	15	15	15	16	17
Feedback support management	3	3	5	7	8	10	11	14	15	16
Integrate into supervision	3	3	4	4	8	10	12	12	13	14
Think differently	3	6	6	8	10	13	14	14	17	17
Share good practice stories	1	3	4	4	4	4	5	11	12	14

Respondents were invited to test ideas from Personal Reflections in support of Outcomes on the basis of their ongoing practice experience. Using a ranking scale and comparing accumulations of up to the first five rankings demonstrated a consistent priority amongst respondents for *more open discussion with service users* as a means of sustaining an Outcomes approach in practice. Other key categories re-emphasised as supports to implementation were;

- *Invest more at start of engagement*
- *Bring everyone on board*
- *Thinking differently*

*Ensure everyone is kept in the loop, it is important that everyone knows they are part of an important team; also important to be honest, up front, with service users.*  
(R14)

## 9. Examples of Change

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As a means of promoting *good practice stories* respondents were invited to share examples of practice that had already changed as a consequence of the Outcomes approach. Notably, respondents from health consistently claimed that practice in health had *not* changed; nevertheless the experience of being involved in shared learning around outcomes was seen as positive in bringing Health and Social Care together. Respondents within Social Care however had commented on the positive impact on collaborative practice with Health.

Two themes emerged in responses around changes to individual practice, the first related to the impact within supervision,

*Supervision now emphasises reflection on practice in relation to individual outcomes for service users (R 12)*

The second was described as a *change of focus of control (R5)* being more service user led rather than service led. This was also reflected in a shift to a more positive approach.

*I used to be negatively inclined to think 'this can't be done' 'we can't manage that'. Now I genuinely think 'what does the person want' and 'how can it be achieved'*  
(R14)

Across team practice, respondents indicated a greater openness in conversation with colleagues and a more collaborative approach to practice.

*We share stories, celebrate successes, share experiences and work together (R11)*

*Team meetings are now more open and staff are listened to which gives them a better outcome (R13)*

There is also recognition that the implementation of an Outcomes approach has given the opportunity to work collaboratively to revisit systems and processes, and has influenced other learning and development activity.

*It has been a shift to modify our culture, how we think and the way we approach tasks, to get away from being output focused (R16)*

When invited to comment on any other factors were identified as needing addressed to best support the implementation of an Outcomes approach. The first was the *outcomes review tool*, where respondents expressed concerns as to its effectiveness in meaningfully capturing the service user's perspective and outcomes.

*The tool may need to be redesigned ...as it feels as if it is not the service user who is shaping the package. The tool has had a negative effect on how practitioners view the outcomes approach. (R6)*

*The review tool has positive aspects but adjustments would be helpful in light of practitioners' comments. (R9)*

The other identified concern was that the emerging organisational pressure may undermine outcomes focused practice

*Massive restructuring and changes often seem to lower the priority of action away from an outcomes focus (R15)*

Responding to this concern, respondents highlighted *the importance of consistent cascading of outcomes information and learning across all service areas (R17)*.

#### **Chapter Four: Discussion and Conclusion**

## 4.1 Collaborative Discussion of Research Findings

Earlier in this report reference was made to the *patchwork* quality of the information gathered over the course of the Inquiry, together with the extent of non-response within Outcomes reviews and staff questionnaires. It was necessary therefore to give consideration to the cumulative findings of the Inquiry in a way that *located* each source of evidence in relation to the other. Doing so in collaboration with the Inquiry group established the following connections;

*Personal Reflections* have described pre-outcomes practice experience alongside perception of meaning and implementation of an Outcomes approach.

*Reflective Discussion Groups* have provided examples of activity, evidencing degree of alignment to outcomes focused practice.

*Good Practice examples / Outcomes reviews* have provided descriptors of impact of outcomes focused practice.

*Staff Questionnaires* have tested perceptions of meaning and described practitioner experience of implementing an Outcomes approach.

Giving consideration to the overall picture of information has emphasised a congruence of evidence across the different stages of Inquiry and within the context of the wider literature. Most notably the strength of links as identified across the three SWIA indicators in relation to the implementation of an Outcomes approach in comparison to the weaker links identified within the pre-existing organisational culture (Pg 32) have been given form in the activity of the Reflective Discussion groups and has been validated in the experience of questionnaire respondents.

This congruence of evidence within the Inquiry has for senior managers confirmed the validity and quality of practitioners' experiential reflections and construction of meaning around outcomes; generating a confidence in practitioners' understanding that is different to that observed within the Midlothian and North Lanarkshire studies (Hitchin (2010), Johnstone and Miller (2008)). In particular for senior managers within Adult Social Care this has given the organisation both the imperative and security to build on the practice of practitioner participation in implementing an Outcomes approach.

Journeying through the Inquiry process, practitioners have been increasingly able to identify and demonstrate the value of outcomes in practice. Alongside the formal evidence generated within the Inquiry there has been a growing anecdote of conversation and discussion; a sense of a shared story, common language and epistemology that has meaning across different aspects of Social Care in Stirling. The view of the Inquiry group is that the collaborative learning around outcomes has generated a *branding* of good practice, itself focused on *conversation* and engagement whilst highlighting the centrality of service users. It could be argued that aspects of this good practice would have happened anyway, reinforcing the understanding of outcomes as building on existing ethical principles (Thompson (2008)); nevertheless outcomes learning has created the opportunity for a more effective sharing and second order learning from this practice.

Within the wider literature (Nicholas and Quershi (2003), Glendinning (2008) and Cook and Miller (2010)) there is a consensus of opinion that the implementation of an Outcomes approach requires a significant organisational shift. The collaborative discussion and analysis within this study confirms that opinion yet also turns it on its head by evidencing that the process of Collaborative Inquiry has enabled the implementation of an Outcomes approach to itself be a force for organisational change; democratising service improvement, improving channels of communication and feedback.

In Care Management, where the perception of positive impact has not been so significant (pg 47) this can be linked to it being the one service area where a particular tool linked to Outcomes has been imposed on practitioners. The response of Care Management practitioners to the Outcomes review tool has been reflected in the wider literature (Cook and Miller (2010)) in particular as it has not reflected the importance of focusing on outcomes *at the start of engagement*. It also resonates with the apprehension of practitioners identified by Nicholas and Quershi (2004) towards processes not reflecting skilled and complex nature of practice. Specifically in relation to the principle of investing in outcomes *at the start*, senior managers will now ask care management practitioners to be involved in reviewing the single shared assessment tool and broader assessment processes.

Responses within the study have not however reflected the tension identified elsewhere (Cook and Miller (2010)) between *Talking Points* as a means of evidencing

performance improvement ahead of it being an approach to improve outcomes for service users. Neither has the impact of participants' perception of risk as a determinant of individual and organisational practice been as strongly evidenced across the study as was suggested by the wider literature (Webb (2006)).

Specific discussion within the Inquiry group centred on the experience within the Reflective Discussion groups of differing levels of confidence to commit to the actions agreed (pg 27). There was a collective sense that this partially reflected the broader context of uncertainty across Social Care undermining the principle of practitioner empowerment and signposted the importance of reinforcing the message of management support to outcomes in general (pg 31, 32) and to the specific actions agreed within the groups.

Both the Inquiry group and senior managers highlighted the key link between practitioners' involvement in the Inquiry process and their identification of positive impact on practice and increased critical awareness of practice across teams and within service area (pg 49). This was a notable contrast to the *low aspiration amongst staff* identified as a consequence of pre-existing organisational culture (pg 31) and linked with the importance of *multi-level thinking* as identified by Nicholas and Quershi (2003). The additional link with enhanced culture of learning across the organisation (pg 49) was also identified in personal reflections (pg 32) and supports the value of outcomes focused thinking in the development of a learning organisation.

Summarising the key implications from this Inquiry as identified by the Inquiry group and senior managers again reinforces the potential for organisational change as a consequence of outcomes focused collaborative inquiry. Senior managers within Adult Social Care have articulated their commitment to continuing practitioner led processes as demonstrated within the *Care Plan Pilot*, but now focusing on the *hallways* (Dixon (1999)) places of operational interface e.g. between intermediate care and re-ablement. They see this as a significant departure from previous practice of consulting with other senior managers across Health and Social Care to then implement top down solutions. They also appreciate the importance of creating other opportunities, in addition to the *Exploring Outcomes* sessions and Outcomes newsletter, for articulating their continued commitment to an Outcomes approach and the consequent democratisation of service improvement.

The Inquiry group also emphasised the importance of strengthening the feedback loop seeing this as the *different conversation* between management and practitioners that mirrored the difference that an outcomes focus brought to the conversation between practitioners and service users. With a view to reinforcing this feedback loop and in support of an outcomes focused organisational culture, senior managers have now approved the Professional Development Manager's proposal for supervision practice across Adult Social Care<sup>36</sup> incorporating an outcomes focus to both the process and content of supervision.

## 4.2 Conclusion

The specific focus of this study has been to explore and evaluate the effectiveness of Collaborative Inquiry against three indicators generated by SWIA's 2009 performance inspection of Stirling Council Social Care;

- *To improve outcomes for older people and people with learning disabilities*
- *To consistently and effectively engage staff in improving performance*
- *To embed learning and development within the organisation*

The evidence of meaning, activity and experience generated across the Inquiry process and evaluative study have confirmed a positive impact against all three indicators and has demonstrated the opportunities within an Outcomes approach to enhance the mutuality between them.

When comparing experience of pre-existing culture and involvement in outcomes focused thinking and practice the most significant difference is evidenced in relation to individual and organisational learning. This has verified the potential for further leverage for change (Senge (2006)) and confirmed the value of Professional Development's continued role in facilitating outcomes focused *generative learning*; democratising the knowledge base that informs the critical decisions to be made about future service provision and underpinning the principles within the future vision for Social Care.

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<sup>36</sup> Supervision and PD Planning: Review of Practice and Procedures within Adult Social Care. Progress Report (June 2010)

Whilst acknowledging the vicarious element within the evidence of improved outcomes for service users, there has been a validation of these findings within SWIA's follow up report<sup>37</sup> which has highlighted and commended the bearing of the outcomes focused Inquiry on achieving *some progress* in the improving of outcomes for service users and *substantial progress* in effectively engaging staff and in embedding learning and development. SWIA's view is also that the work to build an outcomes-focused approach is beginning to lead to *observable shifts in the balance of care*.

We now look forward to holding a *Market Place* event later this year where there will be an opportunity to celebrate and share stories of the range of outcomes focused activities and learning that have emerged from the Inquiry process. Following this event there will be a piloting of outcomes focused models of group and shared supervision, the next phase of reflective discussion groups, further reflective sessions around outcomes focused assessment, a practitioner led outcomes focused review of assessment and review tools and an outcomes focused collaborative discussion including health colleagues around the development of Intermediate Care and its interface with Re-ablement. Although it is still early days, there is a growing optimism in embedding this work, a relief for the focus it brings and hopefulness that working collaboratively in determining the outcomes that matter for service users and carers will set a right direction through the critical decisions that lie ahead.

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<sup>37</sup> SWIA Follow up report for Performance Inspection (Draft): Stirling Council, October 2010

### 4.3 Personal Reflection

Throughout the course of this Inquiry I have kept a journal to record reflections, observations and discussions with critical friends; valuing the discipline of *tumble polishing* the connections between ideas around an Outcomes approach, the process of collaborative Inquiry and the emerging context of organisational and budgetary pressures. Elsewhere in this report I have reflected on the potential impact of myself as researcher as an element within that process (Sarantakos (2005)). Within my reflections I have also looked at that relationship in reverse seeing impact both on myself personally and in my role as Professional Development Manager.

I have immensely enjoyed the work with colleagues within the collaborative inquiry, finding the experience of coming to and refining a shared meaning of the concept of outcomes to have been of profound value beyond the scope of the Inquiry itself. I have been humbled by the openness, enthusiasm and commitment of participants and Inquiry group members, especially given the pressures, and for some job vulnerability, that have been contended with during the course of the Inquiry. I have already referred to the analogy of knitting together, unpicking and re-knitting over time I have become convinced of the added value of this exercise in building trust and relationships, facilitating a more meaningful workability and pragmatism in the *hallways* between Professional Development and our operational colleagues.

Over the course of the Inquiry there has been an uncertainty over my own employment situation and for the past three months my post has formally been *at risk*. For some time I was concerned that my sense of vulnerability would impact on both my motivation for the Inquiry process and the objectivity required within my analysis particularly of the pre-existing organisational context. What I have experienced however has been a deep appreciation of the growing conviction of the worth of an Outcomes approach and the relief for me personally in having something of certainty and beyond my individual circumstances to focus and reflect upon. This assurance has grown in tandem with the emerging congruence and confidence of participant experience; also the ability to articulate the deeper shared meanings within an outcomes approach has been inevitably enhanced by the more detailed reading of the wider literature. Amidst all of the other unknowns and uncertainties of the past year this has been a *good story* to explore and share; for that I have been extremely grateful.

Word Count: 13,168

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