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

Friend not foe: Supporting meaningful outcome focused recording in social care in Wales

Test document

Contents

We would like to thank the following people for their help and support in developing this document:

- Claire Thomas   Welsh Government
- Lou Bushell - Bauers   Care Inspectorate Wales
- Myfanwy Moran   Care Inspectorate Wales
- Nev Thomas   Care Inspectorate Wales
- Sue Millington   Care Inspectorate Wales
- Keri Llywelyn   All Care
- Claire Morgan   Carers UK
- Suzanne Burgoyne   Children and Family Court Advisory and Support Service
- Heidi Morris   Welsh Community Care Information System
- Jenny O'Hara Jakeway   Credu Cymru
- Marie Davies   Credu Cymru
- Becky Evans   Credu Cymru
- Maria Selby   Neath and Port Talbot County Council Children Services
- Alyson Hoskins   Blaenau Gwent Information, Advice and Assistance
- Meilys Heulfryn Smith   Gwynedd County Council Adults Service
- Susie Lunt   Flintshire County Council
- Christy Hoskins   Flintshire County Council
- Annette Brady   Monmouthshire County Council
- Eve Parkinson   Monmouthshire County Council
- Julia Isaac   Powys County Council Adults services
- Karen Benjamin   4'C's
- Darryl Williams   Woodlands Limited
- Maria Bell   North Wales Commissioning Board
- Stewart Blythe   Welsh Local Government Association
- Dan Oliver   Foster carer
- Natalie Poyner   Newport County Council
- Emma Miller   University of Strathclyde
- Nick Andrews   University of Swansea School of Social Care Research

Introduction and background

This introduction provides the latest update on the Case Recording Project.

Since the introduction of the Social Services and Wellbeing (Wales) Act, the Social Care sector in Wales has been going through a culture shift on how the workforce engage with individuals who receive care and support. Instead of asking 'what is the matter?', we are now talking about 'what matters to you?'.

Social Care Wales has been working closely with the sector to support this culture shift and embed outcome focused practice. Case recording is a critical part of practice and we are now looking at how this can enrich and strengthen practice further.

Since February 2020, the Case Recording Steering Group (consisting of local authorities, providers, CIW, WLGA and individuals who receive care and support) has been meeting with the Nick Andrews at the Wales School for Social Care Research at Swansea University and Dr Emma Miller from Strathclyde University.

This document is the result of the work of the Case Recording Steering Group.

The document intends to address how recording should be:

- Clear and specific (jargon free)
- Reflect individual, carer, children, and families' voices and opinions
- Concise
- Coherent and well structured
- Relevant
- Accurate
- Proportionate
- Balanced and holistic (strengths-based)
- Distinguishing between fact and opinion
- Analytical
- Include the rationale for any decisions made

There are some legal requirements for case recording. If the above advice is adhered to, then those requirements are likely to be more robust.

What are we looking for?

- People who are currently involved in case recording to test the 'Friend not Foe' document and share feedback with Social Care Wales
- Practitioners and managers to share examples of their case recordings which reflect how outcomes can be captured.

Testing

This is not a new concept for many as effective case recording already takes place within many areas of social care. However, what may be new is exploring and thinking differently about what the priorities for good case recording need to be.

We recommend that you read through the entire resource, but we do know that at times this may not always be possible. The document is formatted in a way that will help you make sense of key elements and principles.

The following table allows readers to find specific information relating to the areas they may be interested in testing. A list of key principles for effective personal outcomes focused recording can be found on page 8.

Category/concept	Page number
Writing of case records; making it personal and accessible; writing styles Capturing different types of outcomes	12-13
Recording strengths and identifying risk	13-15
Showing analysis, decision making and different perspectives within case recording	15-20
Recording learning from reflection of outcomes at review	21
Collaborative working	21-24
Making recording inclusive (working with people who have communication difficulties)	24-26
Supervision	27-28
Reflective practice exercises	28-30
Creating right organisational environment for outcomes focused recording to flourish	34-35
Example of outcomes recording in Dementia residential care	Link to One Drive
Generic example of case recording	Link to One Drive
Generic example of daily recording	Link to One Drive
Examples of person-centred review documents	Link to One Drive
Examples of recording in open dialogue within mental health	Link to One Drive

Timescale

We anticipate that testing will be finished by March 2021 as we are fully aware of the pressure that the social care sector is currently facing due to the pandemic. We are really grateful for your support with this important piece of work, as across the sector it's been recognised as key to ensuring person centred and strengths based social work practice

What can you expect from us?

Social Care Wales' case recording project team will be available to discuss your use of this resource, to work with you on opportunities to best test with your teams and to listen to your feedback. To discuss further, please contact Jeff Brattan-Wilson: jeff.brattan-wilson@socialcare.wales

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

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

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

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

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

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

And then the third thing was, and this might seem a little bit bizarre, for the first time in my life, I saw a picture of me as a baby. It was like really moving. I'd never seen it… and what my son looked like when he was small, he looked like me - a Mohican haircut and stuff. And so, I was so grateful to the social workers that had taken the time to record that information. It was like gold, it really was. And so, it sort of filled some gaps for me.

I still didn't want to go meet my mum. I don't have anything against her, I just didn't feel it would be helpful, but I was really grateful for the information. So, in terms of my experience of reading my file, it was a really, really significant experience."

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

The purpose and aims of this resource

1. The Social Services and Well-being (Wales) Act requires a shift towards outcomes focused social work, rehabilitation and social care, starting with **what matters most** to people; it supports and expects the sector to take a co-productive and strengths-based approach to practice. Discussions between practitioners, individuals, carers, children and their families need to focus on personal (i.e. not standardised) outcomes and engage with associated risks in order to be clear about where we are now, where we want to go and how we will get there. We also need to be able to reflect on what we have achieved and what we have learnt from the journey. Clear, succinct recording is an essential part of this. It provides a written account of discussions, analysis and rationale for the support offered to individuals, carers, children and families in the delivery of outcomes focused practice.

2. The purpose of this resource is to outline principles and guidance to support personal outcomes focused case recording based on research, consultation with practitioners, and evidence of what can work. The main focus is on case recording, by which we mean the day to day records of interactions between practitioners and people who use services, which inform and influence decision-making for and with people. Another aim is to provide diverse examples of outcome focused recording and associated reflective exercises. These will support individuals, teams and organisations to promote consistent and meaningful recording which helps to build relationships and understanding with people who use services, rather than distract from them.

3. This resource is aimed at multiple audiences, including people supported by social work and social care services, practitioners, managers and commissioners. It can be used to inform the recording of assessments, care and support plans, ongoing case notes, notes from meetings, commissioning and correspondence, including e-mails.

4. One of the major challenges faced by practitioners and organisations in recording is deciding what to prioritise from the massive volumes of information gathered on a daily basis. Contradictions and tensions in the system mean that recording priorities can get distorted. This resource is intended to help navigate through those tensions, and to keep the focus on outcomes that matter to people. It was commissioned by Social Care Wales who worked closely with the researchers based at Swansea and Strathclyde Universities. It is based on a review of existing research and widespread collaboration involving the researchers and Social Care Wales as follows:

    - a literature review of social care recording;
    - engagement with a cross-sectoral reference group;
    - three consultation events around Wales in March 2020 (with 160 attendees);
    - smaller one to one and group meetings in the early months of 2020;
    - regular meetings between Social Care Wales and the researchers;
    - diverse examples shared by local authorities and providers across Wales;
    - correspondence and meetings with Iriss in Scotland (https://www.iriss.org.uk/) on similar work there.

Background: A personal outcomes approach to practice and recording

Focusing on what matters

5. There are key factors that underpin health, wellbeing and quality of life for all human beings. As well as the physical requirements of survival, people need to be connected and to be seen and heard if they are to thrive. This is illustrated by Fran's story (See frontispiece), where he reflects on how reading his records influenced his self-understanding and sense of connection to his birth parents. His story illustrates how recording presents unique opportunities to show and ensure that what people say matters, and that decision-making is as well informed and evidenced as it can be.

6. The implementation of the Social Services and Well-being (Wales) Act 2014 over the past few years has seen a shift in assessment and planning with people who have care and support needs. At the heart of this, lies the relational 'what matters' conversation, which focuses on *personal* outcomes (Cook and Miller 2012), through building on strengths and ensuring that what matters to people stays at the centre. Social Care Wales have been supporting the social care workforce with associated learning and development in various ways, including extensive training across Wales on [Collaborative Communication Skills Programme](#), related work in health services can be found under the heading of [Care Aims](#).

7. Whilst caring and effective 'what matters' conversations and relationships lie at the heart of good social care practice, there is an important place for recording. As well as supporting good analysis and practice, recording and records:

   - hold memories for practitioners, the people they support and organisations;
   - influence identity through supporting a person's self-understanding and their sense; of their own value and worth as well as the challenges they face;
   - provide opportunities to check out understandings and co-produce agreements on ways of working together;
   - inform and influence other practitioners within and across agencies;
   - help to build positive relationships in practice;
   - directly influence decision-making at an individual level;
   - influence agency decision-making through collation of records (Miller and Barrie 2019).

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

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

10. Welsh Government policy and legislation clearly state that they want to support the development of systems that enable people to 'do the right thing', including the way outcomes are recorded and link to the effective use of resources. There is also a shift away from relying solely on tick boxes. The new Performance Measurement Framework for Local Authorities emphasises qualitative data (stories), as well as quantitative data (numbers), requiring recording that is meaningful and contextual.

Taking a co-productive approach

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

12. Even the best intended actions can fail to bear fruit when there is misunderstanding about what matters to individuals, or people feel that their opinions and priorities have been dismissed. One of the key benefits of a co-productive approach to recording personal outcomes is that it helps to forge a common understanding and language, which in turn leads to joined-up thinking and action. In all walks of life, the best decisions are often made as a result of people recognising and valuing different opinions. However, this raises the question as to how different opinions are balanced and recorded, with clear evidence of negotiation, ensuring that personal outcomes are not drowned out by practitioner and organisational outcomes.

13. A good way to picture the importance and value of a co-productive approach to identifying and recording outcomes is the Exchange Model (see figure below). This identifies and values the views of different people and brings them together through dialogue and the development of negotiated personal outcomes. This can be really important when there are tensions between the views of everyone involved (for example parents and practitioners in child safeguarding).

1
Exchange information
Identify desired outcomes

Person's views

Relatives' views

2
Negotiate

Multidisciplinary practitioners' views

Organisations' views

3
Agree outcomes

4
Record outcomes
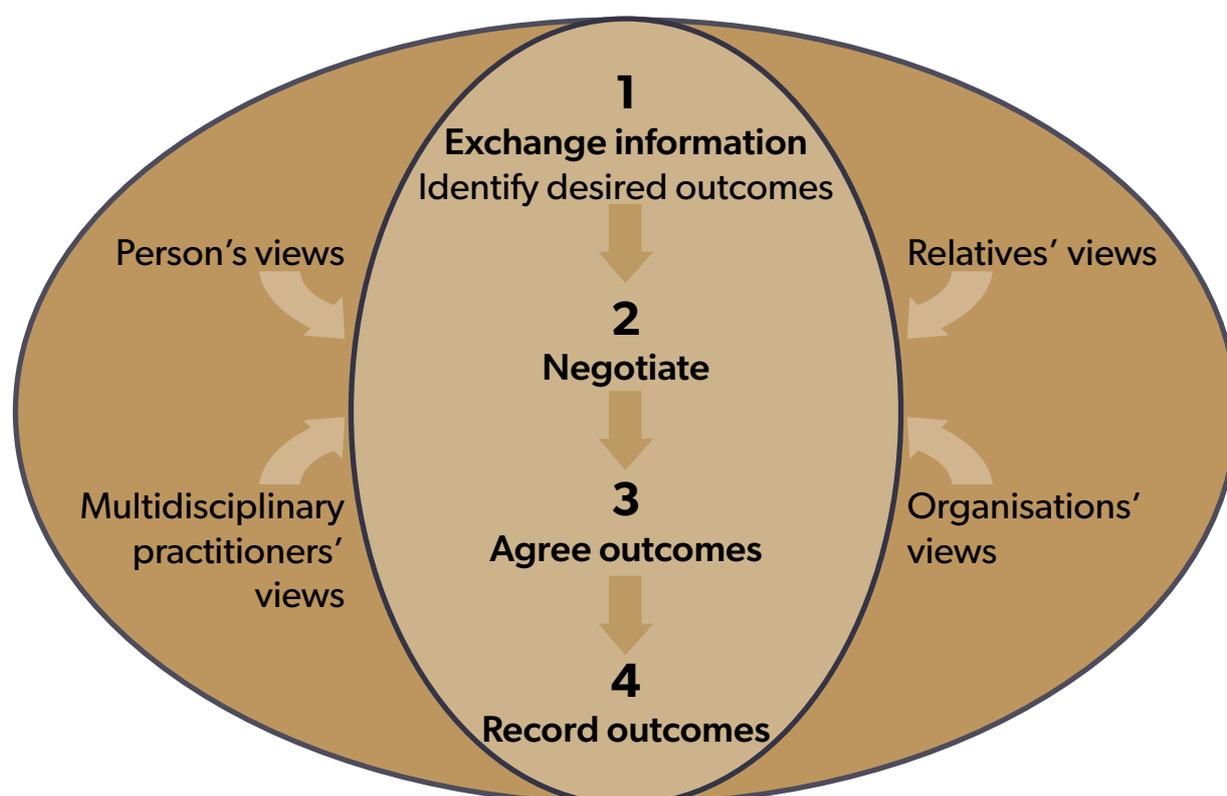
(Smale & Tuscon 1993 adapted by Miller & Barrie 2016)

Code of Professional Practice for Social Care and Code of Practice for Social Care Employers

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

The Code of Professional Practice for Social Care tells workers that they must **'maintain 'clear and accurate records in accordance with legal and work setting requirements'** and Code for Social Care Employers says that employers must **'put in place and monitor written policies on confidentiality and record keeping'**.

Mwy na Geiriau / More than just words

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

The principle of the 'Active Offer' is at the heart of Mwy Na Geiriau. Under the Active Offer, providers shouldn't wait for individuals to ask for Welsh medium provision; instead they should actively identify their language needs. The strategy notes that:

'If you are a Welsh Speaker, being able to use your own language has to be seen as a core component of care and not as an optional extra.

Additional resources: If you want to use, or improve, your use of the Welsh language in your work, you may want to visit 'Using Welsh at work' on Social Care Wales's website. There are tools to support the delivery of the active offer and resources to support the delivery of More than Just Words.

Key principles for personal outcomes focused recording

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

> ### 12 key principles for effective personal outcomes focused recording
>
> **Make recording personal and accessible:**
>
> - Record personal not standardised or organisational outcomes – what really matters to the person in their own words and language
> - Recognise and record the different types of outcomes that matter to people
> - Build on people's strengths and identify priority risks
> - Make it clear and concise – use plain language
>
> **Make recording analytical:**
>
> - Make recording accurate - distinguish between fact and opinion
> - Make recording co-productive - allow for and include different perspectives
> - Record the why, not just what and how – and show the link to decision making
> - Record the learning from reflecting on outcomes at review
>
> **Make recording 'live' and joined up across organisations:**
>
> - Make recording responsive to a person's journey – capture their story
> - Join up personal outcomes recording across organisations
>
> **Make recording inclusive:**
>
> - Make recording personal for people with communication difficulties
> - Make recording personal across the life course.

Guidance: Practice examples of personal outcomes focused recording

15. We now consider examples of recording from diverse settings (e.g. social work, rehabilitation, social care provision and community connection), to support reflection and discussion for individual practitioners and for teams.

16. They illustrate the principles in practice and are framed under four broad headings

   - **Make recording personal and accessible**
   - **Make recording analytical**
   - **Keep recording 'live' an joined up across organisations**
   - **Make recording inclusive**

Make recording personal and accessible

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

17. Research on recording consistently shows that the wishes, feelings and views of people and families are largely missing from records (Wilkins 2017). There can be a tendency to record professional or organisational outcomes as if they were those of the persons. There can also be a tendency to put an 'I' in front of an outcome devised by a practitioner. This does not make it a personal outcome.

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

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

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

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

20. Again, the following example seems to reflect agency priorities rather than a personal outcome identified by Archie himself:

> **Archie needs to comply with his care plan**

21. Here more likely personal outcomes might be:

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

Record in the person's own words

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

22. Not only does recording in a person's own words ensure clarity about what really matters to them, it is also helps others to tune-in, empathise and respond appropriately. This may seem counter-intuitive to people who have been trained in the use of so called 'professional' language. An example of an engaging first-person narrative from a community support project in Wales is:

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

23. Contrast this to the more 'detached' statement and consider how both affect you and how you understand David:

> **David reported no issues of concern**

24. In this case, given there may have been concerns about risk of suicide in the past, the record should also include a note to the effect that safeguarding concerns have been discussed and addressed.

25. Outcomes are often recorded in a very general way, referring to an overall category such as someone wanting to 'feel safer' or 'healthier.' To make the outcome meaningful, it needs to be expressed in a way that means something to the person. What is it about the outcome that matters to the person, and what is it they are hoping for? Ideally the record will help to clarify the person's perspective as a firm basis from which to make decisions about the best course of action to take.

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

26. So, writing reports involves capturing changing perspectives. This example shows how capturing Rosa's perspective on her feelings of safety tells us a different story from what we might expect on her moving away from an abusive home life.

Record in a person's first language

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

'More than just words' is the Welsh Government's Strategic Framework for the Welsh Language in Health and Social Care. Its aim is

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

This is a proactive approach to language choice and need in Wales, placing the responsibility for ensuring Welsh language services on service providers not on the individual who uses services.

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

A key element of the More than Just Words framework is the "Active Offer". This means that services are provided in Welsh without an individual having to ask for them. Welsh language services should be as available to users as the English language.

Actively offering Welsh language services ensures that people's needs are understood and met and that those who access care services can rely on being treated with the dignity and respect they deserve.

To not actively offer Welsh language services may result in people's dignity and respect being compromised.

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

27. The aim of a personal outcomes approach is to ensure that people are supported to live the best lives possible, building on their own capabilities and strengths. We identify personal outcomes through listening and good conversations with people about what matters to them. Good conversations can in themselves already improve outcomes such as being listened to and feeling valued, can help to reduce anxiety, engender hope and instil motivation for change.

28. A key challenge for practitioners who have worked in service led systems is to change from being a fixer (compelled to solve problems for people) to a facilitator (working alongside people to define and work towards a better life).

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

30. However, research with people supported by social care services (Nicholas et al 2003, Cook and Miller 2012) identifies that the outcomes that matter most are not always about change. For many, keeping things as they are and not going 'downhill' can be what matters most. Examples of such maintenance (or quality of life) outcomes are "**I can stay in touch with my daughter through weekly phone calls, which is a real life-line for me**" and "**manage my asthma so I can keep playing with my friends in the playground**."

31. People supported by social care service also talk about the importance of what are called process outcomes, which are about the way care and support is delivered, rather than what. Examples include "**My support worker makes me feel good about myself, like I can do stuff**" and "**My foster parent really listens to me**."

32. When recording personal outcomes, it is useful to think about change, maintenance and process outcomes (Nicholas et al 2003). It also involves engaging with people who may be facing multiple challenges in their lives to consider what a better life might look like and explore the resources they have in working towards this. This means giving people an opportunity to find their voice in ways they might not have experienced before.

33. Really listening to people not only helps us to understand an individual and their situation better, it can also help the person to understand themselves. There are opportunities for change even before any additional intervention is considered, simply through thoughtful and enabling interactions which make the person feel seen and heard.

34. Key learning from embedding outcomes over many years is that it is not enough to focus only on changing the conversation. What is recorded in systems is also critical. We already identified the diverse benefits of recording. Through supporting analysis, records also influence decisions taken about people's lives, whether in case notes, assessments, support plans and/or reviews.

35. Those same records can be gathered and collated to find out what is going well and less well in local areas and in organisations to shape decision-making.

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

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

37. One approach to recording in social work which is being applied in a range of local authorities across Wales is called Signs of Safety (Munro et al 2016). A review of this approach is available on the What Works for Children's Social Care website.

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

What is working well?

What are we worried about?

- Past harms
- Current concerns
- Complicating factors

What needs to happen?

- Child views
- Family views
- Practitioner views

39. An example of recording strengths in a family supported by services in one local authority in Wales is as follows (not real name):

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

Principle 4: Make recording clear and concise

40. Concise and proportionate recording means that the work undertaken is only as intrusive as it needs to be to establish an accurate picture of the person's needs and outcomes. We need enough information to understand how relevant events, circumstances, strengths, priority risks and the heart of the matter from the perspective of the people involved; recording needs to show how all of this influences decision-making. Over-recording often happens when there is concern or anxiety about an individual situation, whereby writing every detail can be viewed as a means of responding to future blame. A challenge here is that over-recording can result in the important details being lost (Ames 1999). The burden of recording has been found to be particularly high in care homes:

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

41. The following support plan was written by a school leaver with autism who was struggling and had got stuck. His worker explained outcomes to him. Oliver wrote down what was important to him and produced the following plan in 46 words:
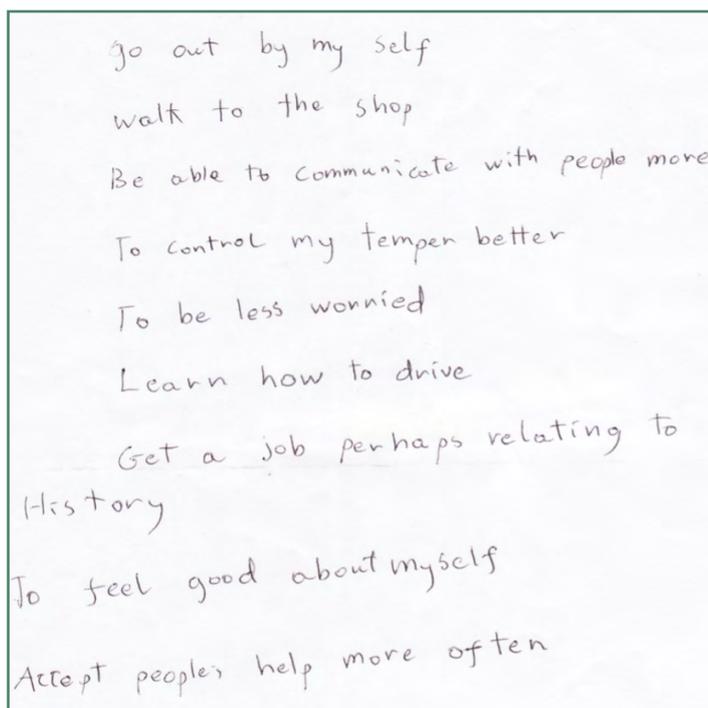
Go out by my self

Walk to the shop

Be able to communicate with people more

To control my temper better

To be less worried

Learn how to drive

Get a job perhaps relating to History

To feel good about myself

Accept people's help more often

42. You may be wondering what support is in place to ensure Oliver is safe and supported. You can find an exercise to support team reflection on Oliver's plan and focusing on what matters in the Exercises section.

Make recording analytical

Demonstrating analysis and associated decision-making lies at the heart of good personal outcomes recording. Having already talked about the importance of identifying priority risks under Principle 3, it is important to recognise the importance of engaging with and analysing these risks in taking a personal outcomes approach to practice and recording.

Before going on to explore some key principles regarding analytical recording, we therefore suggest you first explore some of the key principles about balancing rights, risks and responsibilities, as outlined in Social Care Wales guidance. Whilst developed within the context of adult services, these principles are transferrable to children and family services: See Appendix 2.

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

43. Whoever the intended audience, all recording needs to be accurate, with clear distinction between facts and opinions. The inclusion of opinions from various disciplines is not inherently problematic. Good records might contain both facts and opinions but there should be a clear distinction between the two. It is ok to include impressions gained during a meeting but if you don't identify between opinion and fact it can make your records seems less credible.

44. For example, the statement '**Peter did not want to engage with me**,' comes across as an opinion. A little more explanation might help to strengthen the statement: '**Peter avoided eye contact with me during the meeting and provided very short answers to my questions.**' It may be that Peter does not want to engage with the person writing this record, or it may that Peter is autistic and finds this type of interview very challenging, or something else is going on with Peter.

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

45. Ethical working relationships with people involved with services on an involuntary basis requires understanding their perspective and this involves taking account of their views in analysis and decision making.

> Made my second home visit to Mark and Lisa since the health visitor phoned expressing concern about their misuse of alcohol and diazepam, and the impact on Holly (aged 1). Holly herself appeared to be in good health and was playing with Duplo before falling asleep in her mum's lap during the visit. Once Holly was in her cot, Mark said that they were both exhausted as a result of the first visit, and that all they wanted was to get us (health and social work services) out of their lives. Mark seemed surprised when I said that we wanted to get out of their lives too and that we were starting from the same place. He cautiously agreed that we could maybe start from there as an outcome we could all work towards, alongside the need to make sure Holly is safe and well.

46. Working with families or individuals on an involuntary basis can sometimes make professionals feel defensive, due to expectations of tensions and conflict. Every situation is different but often frankness can be appreciated, as many families want to know where they stand. Work with families where there is parental substance misuse indicates the importance of establishing trust in order to identify strengths, areas for development and in order to tackle secrecy and denial:

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

47. It can be a challenge but finding common cause or shared outcomes amongst conflicting opinions can present opportunities to develop a working relationship. With children and family work, it is important to remain child-centred in the work and focus on supporting parents to achieve outcomes of benefit to their children. This could include reducing the impact of their substance misuse on the child or reducing their need to misuse substances by enhancing their ability to cope with challenging situations as a parent (Collins 2011).

    It is important to note at this point that the parent's personal outcome may be positive but safeguarding concerns remain for the child. For example, the parent may state that they have reduced their daily cannabis usage. However, there may still be safeguarding issues to address if the child is very young and/or has additional needs and is therefore very dependent on that parent to meet their needs.

48. The same principles apply to working with adults. It can be useful to establish from the outset of working with people that the ideal is to enable/support them as far as possible to manage their own lives. Meantime it is often to be expected that different points of view will surface in discussing complex life challenges. It can be useful to switch from thinking about avoiding opening 'a can of worms' in acknowledging differences of opinion to thinking about opening the 'can of life' in being able to talk about some of the complexities. Mediation skills can be really useful in these situations. In particular, ensuring that everyone has an opportunity to be heard can support shared understanding of a situation, and the possibility of finding a way of moving on. Being transparent about how differences are recorded and including safeguarding concerns can be helpful in crystallising the issues for those involved, and thoughtful use of recording can contribute to negotiations.

Principle 7: Record the why, not just the what and how and show the link to decision making

49. One of the great benefits of focusing on what matters to people is that it means decisions and actions are driven by the person's priorities, rather than assumptions about what might fix the situation. Once that purpose is understood – agreement can be reached about how to work towards the outcomes together.

50. Those purposeful conversations often take place in practice. However it is not uncommon to see a list of service solutions as the plan. Taking a step back to answer the question why makes the difference. So rather than recording as an outcome:

> **Referral to dementia café made for Sarah**

51. Instead we might write:

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

52. Knowing what is important to Sarah supports better decision-making. It means that alternatives can be considered if the initial option is not available. It also means that progress can be monitored according to whether the outcome improves or not, while paying attention to unintended or new outcomes.

> **Rick referred to peer support group**

53. Instead we might write:

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

It is important to note here that there are many audiences for case recordings. Experience shows that the judiciary in particular like to see the details of service involvement. This can be recorded alongside personal outcomes so recording includes the what and how of any intervention as well as the reasons why this decision was made. For example, **"Pete now attends a twice weekly peer support group run by the Newstart agency to manage his alcohol addiction as he wants to:" hold my head up again in this community."**

Valuing the personal outcomes focused conversation in the record

54. Feedback from different organisations suggests that there can still be a tendency to focus exclusively on outputs or referrals to services in case records and in support plans. Skilled conversations are not always given the credit that they deserve in contributing towards good outcomes for people. The building of rapport and trust is often an important first step towards supporting someone to identify what matters to them in their life.

55. The following example is from records from a carer support organisation describing initial contact with the father of a child with autism. The support worker summarises the reason the carer has called the service. The quote from the carer helps to bring the notes to life and helps to show how the carer feels. Given this situation, the support worker views a more in-depth conversation as the necessary next step to finding out what matters to the family.

> Situation: The carer is concerned that his wife and son who is still at school, are both socially isolated and all three of them would potentially like to connect with other families who have a child with autism.
>
> Carer words: "I would like to know how you can help us as we have no support at the moment"
>
> Intervention: A planned what matters conversation (after 4pm) to work with the family to find out what their outcomes are

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

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

57. This example demonstrates that the social worker has identified the priorities of the mother in this family, and that recognising that has already made a difference to Karen. She indicates that she has also clarified the need to consider and assess both Karen and the children's outcomes, and that she has achieved an agreement on the focus of the continuing conversation. There is a balance here of maintaining and ensuring the safeguarding role whilst also focusing on outcomes. She records the next step and how this fits with the outcomes.

**Beyond description to analysis in outcomes focused recording**

58. Recording forms the bridge between the information gathering and conversations that take place in social care practice and the decisions made about whether and how services are involved in people's lives. Good decision-making requires professionals to interpret all the available information in order to make judgements and inform recommendations. We have already identified however that practitioners can feel pressurised to record the details of all the activity going on. This is descriptive recording. We also want to see analysis in recording.

59. According to the Department for Education (2015), analysis involves differentiating between facts and opinions, the use of multiple hypotheses, intuitive and logical ways of thinking and articulation of the reasoning behind conclusions and decisions.

60. One useful resource to support analytical recording was produced by Research in Practice for Adults (RIPfA) some years ago, including their 'anchor principles' to support analytical assessment in social services. We have added strengths, priority risks and outcomes to these:

61. Anchor principles for analytical assessment (Adapted from Brown et al 2002)

  • What is the assessment for?
  • What is the story?
  • What does the story mean?
  • What are the strengths?

- What are the priority risks?
- What are the intended outcomes?
- What needs to happen?
- How will we know we are making progress?

62. We would add that it is also necessary to show the steps in the thinking behind your recommendations/decisions. We recognise that the lack of analysis can be due to a myriad of different reasons, including high caseloads, but if analysis is included in the case recordings it enhances decision making in all areas.

Showing your working in personal outcomes focused recording

63. Analytical recording requires practitioners showing how they moved through the collection of facts, information, evidence and opinions to making judgements and decisions. We can call this 'showing your working'. If you remember how much emphasis was placed on showing your working in arithmetic at school, the same rule applies here.

64. It is never enough to simply reel off a collection of facts. Description without analysis makes it hard to understand how and why some critical decisions have been made. Questions have to be asked about what the collection of information means. There is interpretation involved and that is the working that you need to spell out. Which aspects are you able to clearly evidence and which are more tentative (think back to fact and opinions) and how does this influence the decisions and professional judgements made?

Show your working out; from arithmetic to case recording
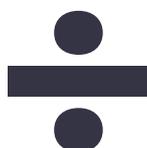
interviews	hunches
case files	discussion with colleagues/manager
observations	
research evidence	judgements
theories	recommendations

65. The analysis behind decision-making easily gets lost in recording, particularly when decisions have to be made quickly. Recording and records provide an opportunity to assess the needs, monitor progress, evaluate the effectiveness of interventions, and to identify patterns that may not immediately be apparent. Work by Iriss (2020) recommends that recording should show the reasoning behind decisions NOT to take action, as well as explaining decisions to act.

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

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

Principle 8: Record the learning from reflecting back on outcomes at review

66. Life circumstances can change and plans don't always work the way we expect them to. What matters to people can also change and sometimes outcomes are different from the ones we anticipated. It is therefore important that reviews are open and exploratory, rather than closed and focused solely on pre-determined outcomes.

67. A key feature of outcomes focused reviews is the emphasis on reviewing the outcomes identified in the plan – not just the volume of services and interventions involved. It may also be that unintended (negative or positive) outcomes have emerged. For example, as a result of one thing changing, perhaps making a new friend through a volunteering scheme, it may be that an individual also feels far more confident and able to cope than before.

68. Other considerations could include that the outcomes have changed, and this leads to changes to a review of the plan. Or it could be that the outcomes are being achieved but a new health concern has emerged, and negotiation is required to avoid the health concern getting worse. Focusing on outcomes in review enables decisions to be made about whether and what support is needed. In the Exercises section, you can see a carer reflect on his situation and what he would have wanted had a carer support plan been offered to him.

Make recording 'live' and joined up across organisations

Principle 9: Make recording responsive to a person's journey – capture their story

69. A key challenge with outcomes can come with the unrealistic expectation that a specific intervention leads directly and solely to a given outcome. In reality we know that people's health, wellbeing and quality of life outcomes are influenced by multiple factors over time. It can be helpful to think about contributions in understanding what influences outcomes, and the role of different contributors over time. While the contributions, including those linked to professional outcomes might vary, the personal outcome belongs to that individual. Here is an example: where what matters most to Rhodri is - **Confidence to walk outdoors again and be able to spend time with pals after being seriously injured in a car accident**

Rhodri's outcomes — line chart showing social life, wellbeing and confidence across week 1 to week 4.
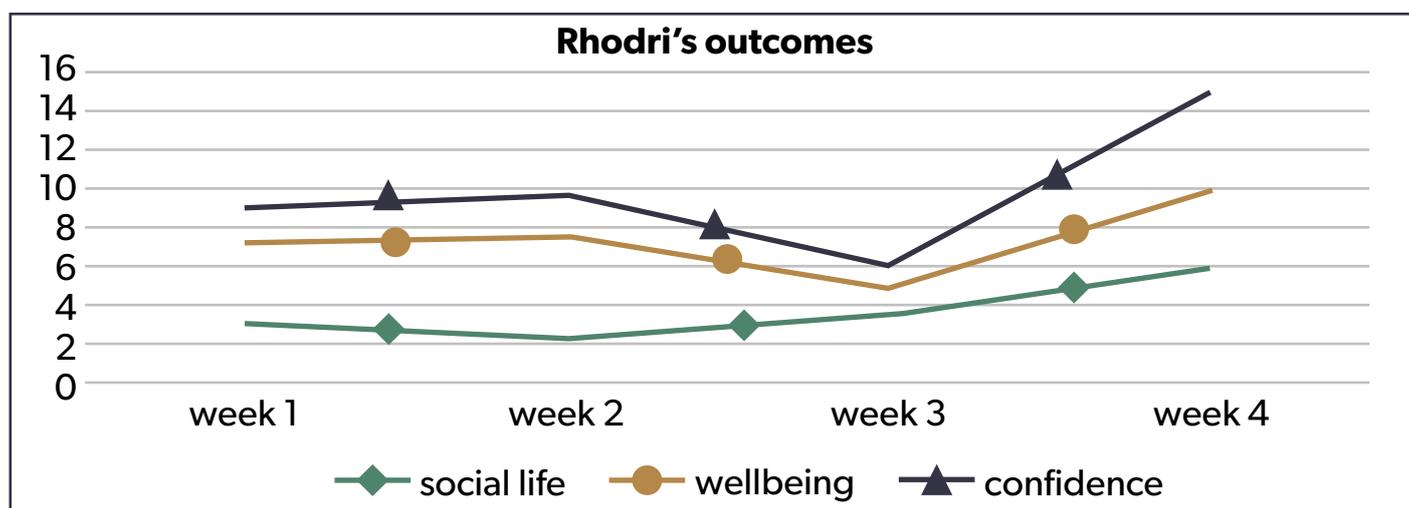
70. Recording the journey towards the outcome:

    During an initial 'what matters' conversation with the social worker, it became clear that confidence to get outdoors is what matters most to Rhodri (17). He said that his confidence was very low, because he was afraid of sustaining any further injury, **"the walls are closing in on me and it's getting me down"**. He wants to get back out and about and to see his friends in their usual haunts. He is also happy to consider different options and is motivated to work with services to help him feel more confident to get better.

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

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

73. A week later Rhodri's confidence is knocked off due to picking up flu type symptoms which turned into a chest infection – stalling progress and resulting in him **"feeling down in the dumps again."**

74. Following a course of antibiotics, Rhodri recovers from the infection and although his mood has picked up his confidence in walking has fallen again. He asks the social worker if he the physio can visit again as the previous time that had made him feel **"safe enough to step out the door."** His confidence starts to pick up again as he is well enough to step out into the garden for the first time in a fortnight.

75. This example illustrates the risks of relying solely on simplistic approaches using distance travelled tools such as an outcomes star as well as of attributing progress to one person or intervention.

76. You can find an exercise based on Rhodri, to help think about keeping the focus on personal outcomes across the system in the Exercises section.

77. Another way of keeping the recording of outcomes 'live' and changing over time is through the use of real time apps, particularly those that support the contribution of practitioners and the people they are supporting.

78. In relation to recording stories, social media apps can be used to capture our lives in words and pictures, painting a rich record of what is important to us. Our chosen friends can see these stories, adding their own comments and encouragement. This type of technology has great potential in relation to recording outcomes too. Circles of support (including friends, family and practitioners) can also comment on these achievements and help evidence the value and impact of the support provided. The process is 'live', not reliant on people sharing information on paper. To see an example of this technology in practice go to: https://www.here2there.me.uk/

79. This system was piloted in Learning Disability Services as part of the North Wales Transformation Programme in 2020. A pilot also took place within Woodlands Ltd who run a number of therapeutic children's homes in North Wales.

80. A similar app has been created by James Dovey, a person who has lived experience of the care system. Learning from his own experience and in partnership with social workers in Carmarthenshire, he has developed a co-production approach to care and support planning and recording that works for everyone. Details can be found here: https://muse.care/

Recognise that maintenance can be positive

81. A key systemic challenge regarding outcomes is the expectation that outcomes for people will always improve through involvement with health and social care services. This focus on positive change is not always possible. Many health conditions for example, involve worsening symptoms over time. Here, maintaining aspects of quality of life can be a very significant achievement:

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

Principle 10: Join up personal outcomes recording across organisations

82. Working to the National Outcomes Framework (NOF) in assessment and commissioning is a requirement of the Social Services and Well-being (Wales) Act 2014. Whilst intending to put the person at the centre of decision making across the system, there is a danger that what matters to the person gets lost in banal standardised outcome statements, e.g. 'I want to feel safe'. The Children's Commissioning Consortium Cymru have worked hard to overcome this through personalising the NOF and supporting the recording of outcomes from initial assessment through to commissioning and service delivery. The following personal narrative by foster carers illustrates the sort of personal outcomes recording that assists them in selecting and working with the children they support:

> "For me, the first thing I would like to read on a form is a fair representation of the child, the good, bad and the ugly. Let's start with the good. Let's start by humanising the child that we are asked to join our family. What do they like doing? What makes them laugh? What makes them smile? What is important to them? What do they care most about? What do they like doing?
>
> I was once sent a referral form regarding a child who had been living in a residential school for 18 months. Not a foster carer in the country would agree to take this boy due to the complexity of his behavioural issues. It was no surprise reading the referral, it read like a summary of hopelessness. We were ready to say "no", until we saw a drawing that had recently been included in his file that he did in school. At the top of the picture was the heading "In my dreams?" The child had drawn himself, standing with a man and a woman and a dog, in front of a house with the word "home" written on the door. This picture spoke a thousand words - we said "yes" straight away".

83. An important example of joining up across organisations in adult services is in the commissioning and delivery of personal outcomes focused homecare. Much homecare is currently commissioned on a time and task basis (e.g. 30 minutes to shower and dress someone). This can stifle responsive and creative homecare, which might otherwise achieve a wider range of outcomes for the people they support. As one homecare provider manager involved in the advisory group stated:

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

An example of this is:

> Outcome recorded by social worker: **'Doreen has enjoyable and nutritious lunchtime experiences'**
>
> Responsive recording by home carer: **'Today, Doreen enjoyed lunch with two other service users at a special event organised by the local church – we all had a fabulous time and Doreen met someone who is 20 years older who used to be her babysitter when she was a child. It made her day.' (The home carer was able to combine time allocated to each of these 3 people into one cost-neutral 'trip out' for all 3)**

Make recording inclusive

Principle 11: Make recording personal for people with communication difficulties

84. Conversations and direct interaction with the person provide the best way to gather information about the person's preferences and goals. Family and key people who know the person can provide valuable back up information. However, people in general can have difficulty articulating what is important to them and different approaches may be required. Although very young children and those without verbal communication cannot talk about their feelings, recording observations is still very important. This example was shared with us by a support worker for adolescents with learning disabilities:

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

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

85. The following example illustrates recorded outcomes for an older man with dementia who has limited verbal communication. In this case, the information reported by the family carer is taken on board by care home staff, and this helps with getting to know the new resident. They also observe changes in the person's response to music, which is different from how the carer described his father's personality. The change is consistent with research showing that there can be some positive changes in a persons abilities, preferences and character through dementia.

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

Michael told us that his father was always a very shy man who had never been a 'joiner'. Because Hugh was enjoying Radio 3, we started playing classical music in the lounge on a Sunday, Hugh has come into the lounge more and has shown a more outgoing side to himself. The last two Sundays he has stood up and moved as if conducting the music. Through this he seems to be connecting

with two other male residents who now want to sit next to Hugh and enjoy the music with him. We recorded Hugh has become more outgoing in the company of others in response to classical music, leading to connections with other residents.

Michael was delighted to hear about his father enjoying music in this way.

86. The Council on Quality and Leadership (2017) recommends always seeking to include the person in the conversation even if the primary information is provided by someone else. Beginning with a topic that is familiar when trying to engage someone in conversation helps to put them at ease. Asking the person for suggestions about where to start might help. Indicating the kinds of things you will want to discuss and asking the person which is most important can help. If the person doesn't make a choice, then watching body language responses is important to see if they are comfortable. For more significant communication support needs, observation is essential. Talking Mats is one tool which doesn't rely on verbal responses.

87. Helen Sanderson Associates (2015) have produced resources to support doing daily records differently. Day centre staff had told her about the half hour they spent at the end of each day doing progress notes, which were written 'in case of' complaints or inspection. She worked with them to change these records into learning and communication logs. They agreed that the logs have to be reviewed every 6-8 weeks to look at the learning and the person's one-page profile is updated from them. The linked diagrams below show an extract from the learning log and the information from the one-page profile:

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

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

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

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

89. Again, similar principles apply to working with children. Where a child is unable to communicate verbally, observations can be very informative, taking age and stage of development into consideration. Indeed, non-verbal communication can add valuable information even where a child can and does talk. The template above could easily be adapted for use in work with children.

Principle 12: Make recording personal across the life course

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

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

Hope can still play a part in end of life and can often be associated with a desire to keep doing things for oneself and in setting goals to maintain quality of life. Research has found that in a hospice settings, professional priorities and goals relating to illness can lead to what matters to people being missed. What matters needs to be built into the system to take account of what people want to achieve and what they can do to make life more meaningful. People can adapt their goals and the means of achieving them as illness progresses (Boa et al 2019).

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

91. Helen is finding walking more tiring as a result of her cancer and she knows that walking will not be possible much longer. She has found meaning in these walks and her family have planned to take her to the river in the car when walking is not an option and they have also framed a beautiful photograph of the heron for when she can't get to the river. This allows the family to support Helen and helps them come to terms with her condition.

92. Even at the end of life, outcomes are still relevant and important as individuals may want to define at what stage they want to remain independent in aspects of self-care and have peace of mind by organising finances and will-making for example (Boa et al 2019).

Support and supervision and exercises for staff development

93. Feedback from our consultation events and from our stakeholders highlighted the importance of continuing support for staff, as well as written guidance, in order to build and maintain consistent good quality, outcome focused recording. This includes an organisational commitment to prioritising what matters to people amidst all the other requirements they need to attend to. Organisational culture, systems and processes need to be outcomes focused to support practitioners to focus on outcomes in recording.

94. Here we briefly discuss the role of outcome focused supervision before going on to outline some reflective exercises that can been be undertaken by individuals or teams to support personal outcome focused recording.

Personal outcomes focused supervision

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

95. Outcomes focused supervision should model strengths based and personal outcomes focused conversations. This also requires that the records of supervision model the type of recording that we want to see in practice. There are opportunities here to ensure that records inform well evidenced, reflective and ethical practice that promotes good outcomes. This should include consideration of whether the plan is being implemented. Yet, there are competing pressures on recording and they play out in records of supervision as much as in recording practice.

Some limitations of current supervision recording practice

96. Supervision is an essential component of practice in social work, rehabilitation and social care, for practitioners and at all levels within an organisation. It should provide a safe space for reflection, and for skills development. Within supervision, there should be an outcomes focus for all, a focus not only on desired outcomes for the person using services, but also for the practitioner (Kettle 2015).

97. Research in Wales by Wilkins on recording in work with families highlights some limitations in recordings from social work supervision. This research suggests that similar tensions can play out in supervision records as with records of practice, in that different audiences are involved. Wilkins et al (2018) found that managers agreed that the audiences they have in mind when writing records of supervision are Ofsted inspectors and senior managers, as those most likely to view the records in the short term. This meant a focus on recording procedural information and noting where actions had been agreed and completed.

98. This research found that there is a tendency towards descriptive and formulaic recording focused on the actions to be taken or completed (Wilkins, 2017). There was a need for more routine reflection and analysis. There is also a tendency to avoid ambivalence in the record, even where uncertainty was discussed in supervision (Wilkins et al, 2018).

Supporting effective recording in supervision

99. There are resources and research informed understandings of what can work in supporting outcomes focused supervision, including recent work by Social Care Wales. We include further

links in our resources section. Here we recommend the following discussion framework to help structure outcomes focused supervision:

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

100. Supervision provides an opportunity for collaborative analysis of case records and to jointly agree how to analyse, interpret and act on data, and to identify where more information is needed. What is important to record in all of this? It depends on the outcomes for the family and especially the child(ren) involved.

Whilst monitoring that actions have been completed is important to avoid drift in cases, which is especially important in long term Child Protection and looked after children cases, it is vital to ensure that supervision is more than just a checklist of actions. There must be a deeper analysis of the situation of the individual and the family to ensure a robust plan is in place and followed.

Exercises for reflective practice on an individual or team basis

101. Here we include one exercise for each of the four sub-sections in our guidance. The examples in the first three exercises have all been created specifically to support practice and are based on real people. They are all unusual in their own way and have been included to support thinking differently about recording. Exercise four should be based on an example from your own practice experience.

102. These exercises are only intended as a starting point. The ideal is for teams to continue to develop their own exploration of recording and to bring in their own examples from practice to encourage ongoing and constructive group reflections and feedback. This will help to build consistent outcomes focused recording at the local level.

Exercise 1: Make recording personal and accessible

Materials required: Share Oliver's plan from this resource and the following information/questions

103. Information to share with the team: Oliver wrote his own plan. He was not hindered by concerns about the requirements of diverse audiences in the way that practitioners often are. By thinking about what really matters from Oliver's point of view we can start from a different place in thinking about outcome focused recording. As an individual or a team consider the following questions in relation to Oliver's plan:

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

Exercise 2: Making recording analytical

Materials required: background information, Kevin's plan and questions - all as below

104. Background information: Kevin is a qualified nurse in his early fifties. He looks back at his own caring journey and his partner Ella being diagnosed with terminal melanoma. He worked with professionals to provide hospital care at home, before Ella moved to a hospice. The couple had a twelve-year old daughter Ella. Kevin did not think of himself as a carer and did not know about carer support or carer support plans. Looking back, he thinks about what his outcomes could have been. This is an interesting exercise to think about, as a lot of what he describes is with the benefit of hindsight. Although written from an adult carer perspective there is a child involved and Kevin acknowledges that she is a young carer in this situation. From a child's perspective, you might want to think about outcomes for Ella too, and whether she might need support in her own right.

Looking back: Kevin's ideal support plan

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

Taken from personal outcomes planning resource

Prompt questions
- What do you think are the main priorities for Kevin?
- Can you see links between Kevin's different outcomes?
- How do events in the family's journey link to the outcomes identified by Kevin?
- What might a personal outcomes focused support plan look like for Kevin following a Carer Assessment?
- In your own life, do you have experience of caring. If so, do any of Kevin's outcomes resonate for you?

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

Materials required: Rhodri's outcomes from this resource and the questions below

105. As an individual or a team consider the following questions in relation to Rhodri's plan:

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

Exercise 4: Make recording inclusive

106. This exercise is different from the previous ones. As an individual, or team, think about an example from your own practice of working with people who cannot communicate their outcomes verbally. Once you have picked an example which includes working to find out the outcomes for the people involved, think through / discuss the following questions:

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

Additional resources

Personal outcomes collaboration
https://personaloutcomescollaboration.org/

Social Care Wales - Embedding the outcomes approach
https://socialcare.wales/service-improvement/embedding-the-outcomes-approach#section-35084-anchor

References

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

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

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

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

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

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

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

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

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

Emlyn-Jones, Rhoda, Achieving Sustainable Change Ltd.

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

Iriss (forthcoming) Recording practice tool, Iriss: Glasgow

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

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

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

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

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

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

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

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

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

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

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

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

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

Wilkins, D., Jones, R. and Westlake, D. (2018) 'The activity does not archive well': Comparing audio and written records of supervision case discussions in Children's Services, Journal of Childrens Services, 13

No. 3/4, pp. 93-109. https://doi.org/10.1108/JCS-03-2018-0005

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

Organisational cultures and systems have a huge influence on what types of practice are possible. A study of learning and performance in health services (Patterson et al 2011) identified two organisational cultures – 'perform or perish' and 'relational and responsive'. Many of these features are relevant to social care organisations too (Munroe et al 2016, Ballatt & Campling 2020). The key features of each culture are outlined in table 1.

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

Table 1 (adapted from Patterson et al 2011)

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

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

"The environment still appears to be more about service outcomes, rather than service user outcomes"

"Recording things effectively is really difficult, when our systems are not naturally guiding you towards outcome recording, even when they've supposedly been designed to do that"

"The current system is too standardised… we need to celebrate creativity and encourage that within the workforce"

"(currently) there are drop down sentences that you can pick and choose and we thought that we could probably do without those"

"(the current approach) … didn't allow for, you know, the actual person's words to come through, because you're trying to meet the targets"

"It's no use asking the people who are most stressed to make changes and for it not to take place in other areas of the organisation"

Key themes that participants identified included the following:

For the people they work with and support – they must:

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

For practitioners – they must:

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

For the organisational systems – there must be:

- The development of trust across the entire system and less pointless recording to 'cover one's back'
- The development of a common language and shared understanding about a personal outcomes approach within and between organisations
- An approach to performance that values the gathering and use of qualitative as well as quantitative data and provides help with this
- A supportive ICT system and technological approaches to personal outcomes recording that saves time and makes recording easier as well as meaningful.