

Meaningful & Measurable

A Collaborative Action Research Project

Developing Approaches to the Analysis & Use of Personal Outcomes Data

FINAL PROJECT PARTNER REPORT

PENUMBRA

February 2015

I·ROC

penumbra
your way to a brighter future

 **hope**



About this Report

Meaningful and Measurable is a Collaborative Action Research project funded by the Economic and Social Research Council (ESRC). The project builds on an existing programme of work over several years in Scotland, involving all of the organisations to varying extents, in developing and embedding an outcomes approach to practice. The project itself was prompted because developing approaches to the recording, analysis and use of personal outcomes data has been found to pose challenges at all levels of organisations. Within this project, we are exploring the tension between:

- **Meaning:** the need for detailed, contextualised information on individual experience to inform individual planning and service improvement.
- **Measurement:** the need to aggregate information on personal outcomes to inform decision making at organisational and national levels.

All eight project partners have contributed to the findings of the project overall which will be reported separately. Six project partners have also authored reports on their local projects.

This report shares the learning of Penumbra

Author: Bridey Rudd

bridey.rudd@penumbra.org.uk

PROJECT PARTNERS

Angus Council
Bridgend County Borough Council
East Renfrewshire CHCP
Edinburgh City Council
Moray HSCP
Penumbra
Stirling Council
VOCAL

ACADEMIC PARTNERS

University of Edinburgh
University of Strathclyde
University of Swansea

STAKEHOLDER PARTNERS

Joint Improvement Team
Community Care Benchmarking Network
Health & Social Care Alliance
Social Services Improvement Agency Wales

Penumbra Project Report

I.ROC & Penumbra: Meaningful recording of measurable outcomes

I.ROC (Individual Recovery Outcomes Counter) is an outcome measurement tool created by Penumbra in order to measure the recovery journey of people who use our services. It is a facilitated self-assessment questionnaire that seeks to measure recovery outcomes using our HOPE framework of wellbeing¹. Recovery is the realisation of a meaningful and fulfilling life in the presence or absence of any mental health problems. I.ROC sits at the heart of a suite of tools designed to facilitate outcomes-focused conversations and working practices across social care services. Whilst its efficacy as a measure of recovery has been rigorously tested, assumptions made regarding the use of I.ROC to stimulate personal outcomes conversations have not been investigated.

Introduction and Background

HOPE

Penumbra's system of working with personal outcomes centres on our HOPE framework. This holistic approach encourages staff to use plans, tools and other resources to focus all support sessions on personal outcomes. The HOPE Toolkit and I.ROC have been designed to work together to form the basis of an outcomes focused approach. This can be mapped directly onto the Talking Points Personal Outcomes Approach². The design of new services is instructed by evidence from I.ROC. This also informs the allocation of resources. I.ROC reports are also fed back to funders, particularly those who stipulate outcomes.

I.ROC

I.ROC has now been used within Penumbra for about seven years. It has gone through numerous pilots and reviews during this time, including a formal external validation by the University of Abertay³. Penumbra's main client group is people living in the community who experience mental ill health and has therefore developed I.ROC with this user group in mind. I.ROC has been used and tested within other populations however (e.g. students, homeless community, young people, people who self-harm), with good results.

Following successful validation in 2012, I.ROC was redesigned. Graphics, colours and prompt words were introduced to make the tool more user-friendly and engaging. At the same time, the HOPE Toolkit was introduced. Designed with the same graphics and colour-coding, I.ROC and the HOPE Toolkit work together as the backbone of Penumbra's outcomes focused approach.

¹ Appendix 1: overview of I.ROC and the HOPE framework

² Appendix 2: Mapping of I.ROC & Talking Points

³ Appendix 3: Validating I.ROC

NOTE: All Appendices are available in the electronic version of the report. Please contact bridey.rudd@penumbra.org.uk



Training

I.ROC & HOPE training has now been rolled out to all staff, and all services within Penumbra (with the exception of short breaks and crisis centre) have started using the tool. The tool has also been taken up by a number of external organisations who have also undertaken the training and are now slowly getting to grips with using it. Feedback from this training has supported the use of the tool. For example, one individual wrote:

“There is a need for a tool that reflects on service users outcomes and I feel that this will be a good tool”

And another trainee said,

“I thought the way the questions were put that form I.ROC empowered potential SU's to talk/open up about things they feel they want support with as opposed to staff asking...basically promotes open conversation.”

Trainees completing I.ROC training in 2013 were asked a number of questions about their knowledge, understanding and attitudes towards outcome reporting. From a sample of 87 respondents, 97% agreed that ‘outcome measures are helpful in engaging with individual service users.’⁴ The majority of people were able to see the importance of using outcome measures and felt them to be a useful tool in helping them engage with and understand the people they worked with, and only 5.75% felt that outcome measurement tools were more useful for service managers than they were for anyone else. Training has therefore largely been positively received and people across Penumbra understand the potential benefits of using outcomes measures.

I.ROC Use

I.ROC is used by almost all support staff within Penumbra, the majority of whom have completed the now mandatory training. Staff feedback has shown that the tools are well liked.

Data Collection and Quantitative Data Measurement

I.ROC data is entered by staff onto a secure online database, which now holds approximately 8,000 records. This data is regularly reviewed and I.ROC reports are produced for each service and for the organisation on an annual basis. The data is also used as part of a number of different research projects.

Penumbra has always been very clear that I.ROC is a measure of change over time - of ‘distance travelled’. Each of the twelve indicators within I.ROC is measured on a Likert-style 6 point scale ranging from ‘Never’ to ‘All the time’. This scale was developed following feedback from a pilot of an earlier scale, which had steps described for each indicator. Descriptive steps were felt to take too long to answer and were too prescriptive. Personal recovery has been described as a unique experience, which looks different to everyone. For this reason, a scale with more scope for subjectivity was decided upon. Because of the subjective nature of the scale, and the understanding by Penumbra that people start from different places, and want to get to different places, what Penumbra aims to measure in aggregate reporting of I.ROC scores is purely the shift over time for each of the indicators.

⁴ Appendix 10: Report on Embedding Outcomes Reporting within Penumbra



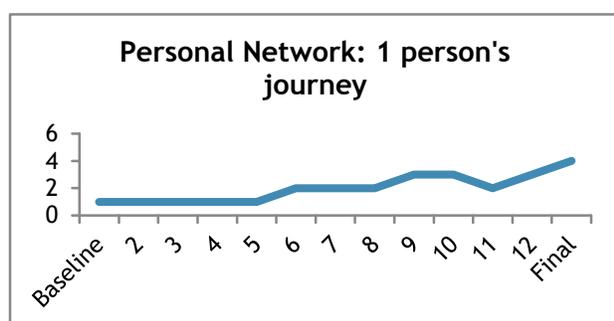
Data Reporting

Reports have so far focused on baseline I.ROC data - where people score when first entering a service, and current I.ROC scores - how much change has occurred since the initial measurement. Baseline scores are particularly important for identifying key areas that appear to be a strength or a difficulty for people entering services. Showing the change over time allows Penumbra to begin to assess whether people accessing services are moving towards personal recovery, particularly in the areas identified in baseline reports as key areas for support.

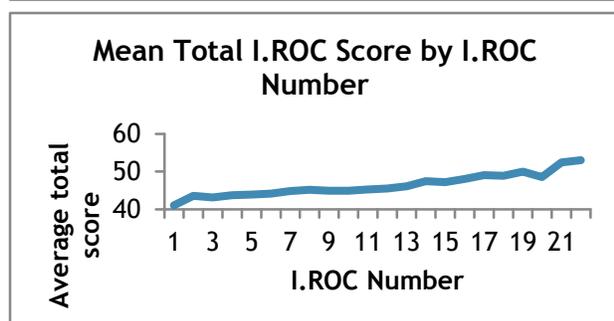
Penumbra have been equally clear since beginning to report on I.ROC, that scores will never be used to compare services for the means of performance management, and will never be used to set targets. This is something that the organisation remains very resolute on. Scores are instead seen as one element of evidencing good practice. Up until now, reports have been very positively received by commissioning bodies as extra evidence of how services are working. It is important in moving forward however, that Penumbra and others working towards the meaningful measurement of outcomes data remain resolute in the use of their data to evidence good practice in inform service improvement, without allowing outcomes data to be wrongfully used for performance management purposes.

Using Aggregated Data: The Challenge of Sample Size

Up until now, I.ROC reports have been produced centrally, with information on what the results mean provided by the development team. An important consideration when reporting these results has been population size. Aggregating data for large samples has never resulted in any particular concerns as for the population of people using Penumbra's services as a whole, a positive change is made over time in every I.ROC indicator. This is clearly not always the case for individuals however, and this can lead to challenges in interpreting aggregate results within small teams. Over large groups of people, individual variations - which almost universally will include times at which scores either do not increase or go down, are smoothed out.



For example, one person may experience great fluctuations in their scores for Personal Network, but their Physical Health has always been good, whilst another has always had a good relationship with people in their Personal Network, but recently their Physical Health has decreased.



Over a large enough sample, individual differences in where someone experiences positive, negative or no change amounts to a net positive change across all indicators. For smaller groups of people, the individual variations will still be apparent, which can make aggregated scores far more variable and harder to read.

Penumbra has a number of small services which provide intensive support to a small



number of individuals. For these services in particular, aggregate reports based on mean I.ROC scores do not provide meaningful data. A general rule of thumb used in reports so far is that average scores do not carry much meaning below approximately 50 individuals. For these services then, a more qualitative approach has been necessary, and pictures of selected individuals' progress are usually used in combination with quotes, comments and recovery stories to build up a more meaningful story of progress within the service.

This does not mean that aggregate scores are enough in themselves for other services either. However using qualitative data to represent a large group of individuals is challenging in itself. Sampling and summarising this information remains one of the challenges, as does good quality recording of the information in the first instance.

Qualitative Recording

The amount of I.ROC use recorded on the database has increased dramatically in 2013 and 2014⁵. However, we do not have a wealth of information recorded at the individual level. Whilst scores are recorded consistently, the inclusion of any narrative through the comments boxes on the answer sheets is sporadic. Many I.ROCs are recorded on the site without any comments or notes at all, whilst others are limited to a few words. This limits our ability to draw any conclusions relating to contribution to achievement of outcomes. It remains unclear as to how much of a conversation is actually recorded, and to what extent the conversations around I.ROC truly are outcomes focused.

Aims

At the start of this project, the aims for Penumbra therefore were:

- 1) To explore to what extent outcomes focused conversations are actually happening
- 2) Based on this knowledge, to then explore to what extent these conversations are reflected in the associated reporting practices.

During the first data retreat on 21st-22nd January 2014, Angus Council and Penumbra identified a number of similarities in their baseline presentations and undertook to work together during Phase 1 of the Meaningful and Measurable project. Both organisations felt confident in their recording of outcomes data using relatively similar tools - I.ROC in Penumbra, and the Wellbeing Web in Angus. Both organisations were particularly confident in the recording and use of scores data. However, neither Angus Council nor Penumbra knew how accurate and consistent the qualitative data that sits alongside this was.

The following key research questions were therefore agreed:

- 1) What do we mean by 'good' (quality) recording? Good 'quality' data?
- 2) To what extent do support staff understand outcomes?
- 3) What are the factors that support 'good' recording of outcomes?
- 4) How has introducing outcomes-focused recording influenced practice and relationships?
- 5) What are the learning points from training, practice and supervision?

⁵ See Appendix 4-5 for I.ROC usage figures



Phase 1 (January - May 2014)

Interviews

Semi-structured interviews (including independent observation of interview process) were conducted with 6 practitioners from Penumbra and 5 practitioners from social work services at Angus Council. Each participant was asked to bring an example of a current case and the interview schedule included:

- What do we currently record in terms of personal outcomes?
- Where do we currently record this?
- How do we currently record personal outcomes?
- Why do we currently record personal outcomes?
- What needs to change in each of the above to achieve clarity and consistency in recording so that's it's:
 - Defined by the person not the professional;
 - Individualised, not generalised

Analysis

Interview recordings were transcribed, and the transcripts analysed for emerging themes.

Data Retreat

Following analysis of the Phase 1 interviews, the scope of Phase 2 was determined during the second data retreat in May 2014, by Penumbra and Angus Council.

Results

Summaries of the different stages in the project are included here. Full reports can be found in the appendices⁶

Thematic Analysis of I.ROC staff interviews: summary

During the interviews in phase one, Penumbra staff discussed the following themes:

- How I.ROC is used
 - Consistency and regularity of use
- Staff views of I.ROC
 - Confidence and whether they like it
 - Understanding of the purpose of I.ROC
 - I.ROC usefulness in terms of outcomes
 - Barriers and challenges to using I.ROC
- Staff views on the HOPE toolkit
 - Use and opinion of the toolkit
 - How do they perceive its purpose in conjunction with I.ROC?

⁶ Appendices 6-9



- Staff recording practice
 - I.ROC scale
 - Note taking
 - Time constraints and barriers to good recording
 - Confidentiality and report ownership

In general, staff were very positive about I.ROC. They felt confident using the tool and were clear about the purpose and potential benefits of using it for people using the service, for themselves as practitioners and at a service or organisational level. For example, one participant said,

“For having outcomes there so you can say, “Well, this is what we’re doing. And this is what we’re helping people with.””

I.ROC was seen as a useful tool for engaging with people using the service, and the visual elements of I.ROC were highlighted as particularly helpful for this purpose. I.ROC was identified as beneficial for introducing difficult subject matters and for initiating outcomes focused conversations. Prompt words and the open-ended nature of the questions was seen as supporting this:

“It is not intimidating like sitting down and filling in a questionnaire and if you have somebody who is intimidated then it easy for us to have a conversation and complete it”.

Staff within this service therefore seemed to be using I.ROC as intended by Penumbra, as a tool to enable outcomes focused conversations, and this was seen as beneficial by staff.

Whilst staff were confident in using the tool and in the process generally of recording the information, there seemed to be more variability in their note taking with staff differing in their understanding of who should record the information and when recording should occur. For example, one participant said,

“Sometimes, through discussion, like I’ll come up with some notes and I’ll maybe set them down. Not very often, to be honest. Not as much as maybe I could. But it’s just one of those things. It’s... I guess, a personal style thing.”

Although the interviewees were all happy using Carista, some again seemed less sure about what should be recorded on the system and when, with some mentioning that time in front of a computer can be a precious commodity.

Recommendations for phase 2

Training and changes to the format of I.ROC and the toolkit have helped ensure that it is being used routinely and with good intentionality by staff however more work needs to be done to promote good reporting of outcomes. The next stage of this project should look in more detail at what is currently being recorded.



Phase 2 (May - September 2014)

Case file audits

During Phase 2, nine case file audits were undertaken at Penumbra, following a list of questions agreed by Penumbra and Angus Council during the second data retreat. Informal interviews with two practitioners were arranged to clarify detail and enhance our understanding of recording practice.

Content analysis

Random samples of I.ROC data were taken from Penumbra's secure online database at two time points one year apart. 249 individuals' records were sampled at time one and a further 161 were sampled at time 2. Data downloaded included the I.ROC scores and any comments written in the comments boxes provided. The comments were analysed in terms of length, frequency and content.

Focus group

A focus group was arranged for nine practitioners from both Penumbra and Angus Council. This was led by a member of the academic team and focused on common understanding of outcomes - both meaningful and measurable. A full transcript of the discussion was made available, and analysed for themes resulting from the discussion. These themes were considered in isolation and in combination with those resulting from the interviews at Phase 1.

Results

Case file audits

Eight case files were audited across three of Penumbra's services. The case files included in the audit ranged from very good examples of recording to examples of very poor recording. Whilst all files included I.ROCs, a far fewer number included I.ROCs with comments attached. Where comments were included, the majority did not reflect an outcomes-focused conversation. The same was true of both case notes and plans. Whilst some files included detailed discussions of outcomes and used the plan to link this to I.ROC and break the outcome down into goals, the majority did not. There was therefore great variation in the quantity and quality of information recorded throughout both paper-based and online files, with only the minority of files providing good quality notes with evidence of personal outcomes throughout. Two follow up interviews with staff highlighted some issues that need clarifying within Penumbra. These include:

Whose record is it? Staff felt unsure as to the overall purpose of recording information and who the record belonged to. One member of staff said that they felt the record belonged to the person and therefore what is recorded is what the person wants recorded. The worker acknowledged that this leads to variation in reporting style, content and overall adequacy.

Case notes purpose: Whilst some staff do use case notes to discuss outcomes and outline conversations with people using the service, the majority use case notes as an activity log. Staff felt unsure about the intended purpose, and described the notes as a way of 'covering their backs' - to evidence that support has occurred and to tell other workers about activities.



How to overcome barriers to outcomes/goal setting: in particular, one staff member discussed how to overcome the ‘rigid goals’ set by external workers or carers.

General training and guidance: One staff member had not yet had I.ROC training but was expected to use it, and it was clear from their understanding of this that the in-service training they had been given was not thorough enough. New staff therefore need to receive I.ROC training faster, and there needs to be more comprehensive guidance and/or training for all staff on record keeping.

Comments Analysis

Initial analysis identified I.ROCs in which there were no comments written in any of the fields and those in which comments had been written in at least one of the 14 fields. The combined dataset from the two sampling time points resulted in a total of 1236 I.ROCs, of which 631 (51%) had comments of any sort attached. The analysis showed that the percentage of I.ROCs in which comments have been added has increased year on year.

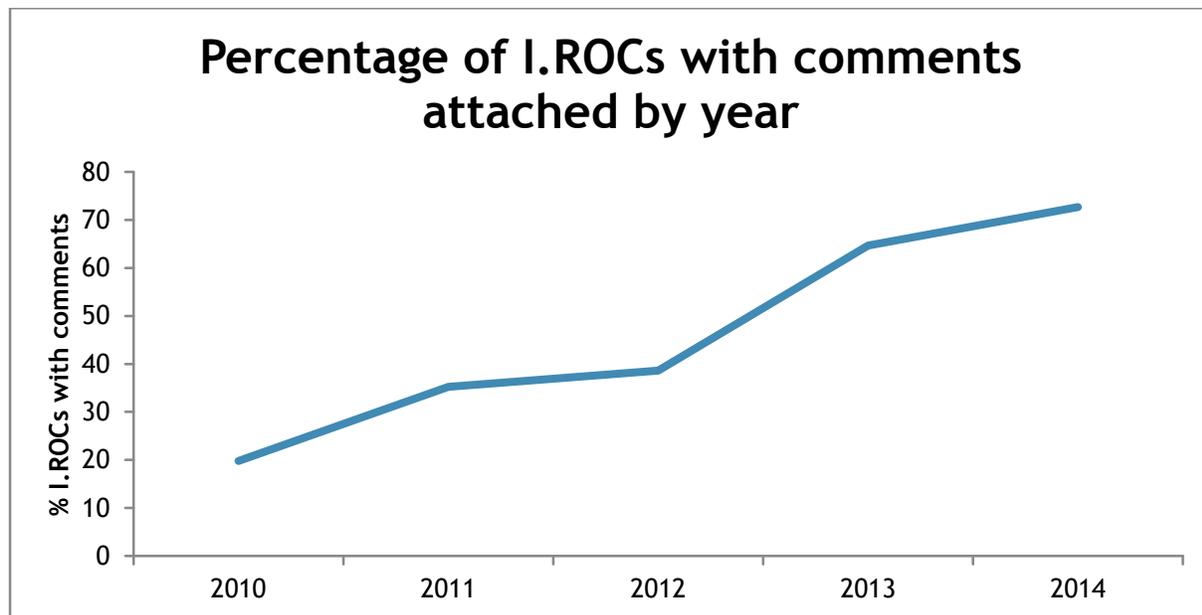


Figure 1: The percentage of I.ROCs in which at least one comment has been added has increased year on year, with the biggest increase seen between 2012 and 2014.

All I.ROCs completed in 2013 (n=300) and 2014 (n=300) were then selected for a more detailed analysis of the comments. The number of fields in which comments were available were counted, as were the number of words in each comment.

As the percentage of I.ROCs with at least one comment increased from 64.7% in 2013 to 72.7% in 2014, the number of comments per I.ROC and the overall length of comments also increased. On average, in 2014 comments were written in 5.2 areas, resulting in 93.6 words written in total, compared to an average of 3.7 fields and 69 words in 2013. The pattern of where comments were written remained largely unchanged, with the greatest number and longest comments written for the Mental Health indicator. There was no discernible pattern for scores resulting in longer comments being written.



Whilst the number and length of comments has therefore increased year on year, the content of the comments remains hugely variable. Comments during 2013 and 2014 ranged from one word up to 173 word answers, with an average in all cases of between 14 and 21 words. An example of a one word comment given was “adequate” for the physical health indicator with a recorded score of 3. In contrast, an example of a 21 word comment for the same indicator with a score of 5, “I feel healthier than previously. I recognise that I need a more healthy balanced diet which will heighten my energy levels.”

Focus group thematic analysis summary

Tools with numerical scoring systems can be helpful aids to outcomes focused conversations. The importance of scale measures seems to lie more in the focus and structure they can lend to an often difficult conversation, than in the measurement itself. One Angus worker explained,

“So to me, the important bit is having that conversation as to why they are scoring themselves a bit lower the second time ... And to me, that’s where the real value lies, in the conversation, not in the score.”

The scale is particularly useful at an individual level as a means of visually tracking a journey, and identifying key areas of progress and areas still to be worked on. Conversations about areas to be addressed can also be helped by the existence of scale, to help people think about how they can make change - as one focus group attendee put it,

“The point of it is what comes next, ‘so how do we get to the 7, how do we get to the 8?’”

Differences in how Penumbra and Angus Council have implemented their measures were apparent in common understandings amongst workers of how, when and why the tools should be used. Despite more consistency of understanding and use within Penumbra, Angus staff seemed very happy with their measure and felt that the flexibility they were allowed by the organisation was very important.

Whilst Penumbra produce reports based on aggregated scores and Angus Council on the whole do not, the usefulness of these reports was not necessarily widely understood at the service level, although some understanding of the importance of evidencing their work was apparent within Penumbra staff. Workers from both organisations were very clear in the importance of the narrative as providing meaning to the scores, one focus group attendee explained,

“it’s never just been about the scores - it’s about the scores and the reasons for the scores”.

Participants from both Angus and Penumbra felt that it was easy to use their tools, alongside case notes and personal plans, to capture conversations about outcomes (although analysis of the case files would suggest that this feeling does not always result in good reporting). Concern about aggregating scores highlighted the importance of capturing this narrative to make sense of, and bring meaning to, the scores data. One attendee explained,

“one person’s 3 is another person’s 4, so we’re not trying to compare individuals or individual scores”.

Whilst another expressed the concern within aggregate data,

“What would it mean? What would it mean to us, as workers? What would be the value of it?”

This reflects one of the main themes of the meaningful and measurable project.



Discussion of Findings

Understanding of personal outcomes is good

Understanding of personal outcomes and the purpose of I.ROC amongst Penumbra staff is good. It was clear from staff interviews during both phases of the project that I.ROC is being used to focus conversations on personal outcomes. For example, one participant said,

“I always think you don’t get, maybe, an opportunity in your life to sit down with somebody for an hour and talk about you. So... This is a... It’s a good opportunity”.

During the focus group at the end of phase two, participants also discussed the importance of the conversation. One participant said,

“Yes, so you realise that the high score which initially looks really good might not actually be such a positive thing within the bigger picture, you know, once you get that understanding through the discussion.”

Recording practice is not consistently good yet

Analysis of the online database and the case files demonstrated however that good understanding of the tool and its importance in terms of outcomes conversations does not consistently follow through to good recording practice. Indeed whilst the number and length of comments recorded on I.ROC is increasing, the case files showed that in the majority of cases, there is very little qualitative data that captures outcomes at all. What little there is, is often buried within case notes or plans that are not available for aggregate reporting, making meaningful reporting of changes to I.ROC scores a continuing challenge.

More work is needed to understand and utilise outcomes information

I.ROC reports are produced for Penumbra as a whole and for individual services however, it is clear from the focus group and the interviews that these reports are not fully understood or utilised at a team level. Perhaps training could be developed to inform managers of how to interpret and make use of I.ROC aggregate data.

Clear guidance is needed

Through the interviews at phase two, it became clear that more guidance and training for staff around reporting practice is needed. One particularly interesting common issue regarding recording practice is the question of whose record is it? Records belong to the individual and therefore any comments that are recorded are either recorded by the person directly; or by the worker and agreed by the individual. Good recording practice therefore starts with a good and clear conversation regarding the purpose and importance of clear recording. As a result of this insight, recording guidance has been made available to staff, both through the training on I.ROC, HOPE and planning, and through written guides. It is too soon to draw any conclusions about the effectiveness of this guidance, however the database analysis showed that since September 2014, comments have been included for 76% of I.ROCs, and the average number of words per I.ROC has increased to 98.



Learning from Meaningful & Measurable

There are numerous approaches to meaningful measurement of personal outcomes, none of which are perfect! Whilst more quantitative approaches can seem too high level and lacking in personalisation, more qualitative approaches struggle with measurement. An important point for me has been the recognition that qualitative data analysis is still reliant on processes of categorisation, which results in similar themes to those used within more quantitative methods.

Analysis of outcomes data, whether quantitative or qualitative, has the same essential goal: to understand what outcomes people using services want to achieve, and what support they want or need in order to reach their desired outcomes. This will always require a process of aggregation or reduction to make assumptions that can be applied to a group based on the experiences of individuals. Qualitative analysis looks for patterns, common themes or categories within individual narratives. Thematic analysis of a number of narratives is often an initial step in the development of a quantitative measure (for an example of this method as applied to measures of personal recovery, see Andresen et al, 2003⁷ and Andresen et al, 2006⁸). It is not surprising therefore, and is indeed reassuring, that similar themes are found within qualitative and quantitative methods of measuring personal outcomes information.

In the initial stages of the research project it became evident that Angus Council and Penumbra had established a very similar approach to identifying, recording and measuring personal outcomes and both organisations were grappling with the same issues. The concerns related to the nature and depth of information being recorded and both sought to gain a greater understanding of the quality of the conversations being initiated. A joint, collaborative study was proposed to explore the issues in more depth and to exchange responsibility to interview practitioners and add a degree of independence to the findings. This allowed us to compare the approaches taken to the development and implementation across the two organisations. Comparisons of the interviews at phase one showed that whilst at Penumbra, use of I.ROC was mandatory and training was rolled out across all staff, Angus council had taken a more relaxed approach - encouraging use of their tool without enforcing its use. Penumbra staff appeared more confident in its use and happier with the training they had received.

Penumbra staff during phase one interviews and during the focus group in phase two were clear that whilst I.ROC is a measurement tool, it is also a tool to effect change through the broaching of an outcomes-focused conversation and forming the starting point and evaluation of outcomes-focused personal plans. Participants in the focus group also highlighted the importance of different types of reporting at different levels.

“We just focus on the individual. You know. And even, if there’s a progression... it’s about the service, it’s all about the individual.”

“But you have the text box, so it’s never just been about the scores - it’s about the scores and the reasons for the scores. So we know that the information is being used with that understanding.”

⁷ Andresen R, Oades LG and Caputi P. The experience of recovery from schizophrenia: towards an empirically-validated stage model. *Aust New Zeal J Psychiatr* 2003; 37: 586–594

⁸ Andresen R, Caputi P and Oades LG. The stages of recovery instrument: development of a measure of recovery from serious mental illness. *Aust New Zeal J Psychiatr* 2006; 40: 972–980



Implications for practice

As a result of this project, we have included far more detailed questions regarding I.ROC use and recording of outcomes within our internal audit structure. We have also included recording within our I.ROC and Planning4Hope training days.

We are also using the information gleaned from this project to help us design new technology-based tools to help the recording process, for example an I.ROC app and the use of tablets by staff. This is to help address issues of lack of time for good quality recording, and reduction in duplication of efforts.

This process helped highlight the difficulties with recording practice that currently exist across the organisation, such as lack of clarity around whose record and lack of time to complete the record. Confusion also existed regarding where information should be recorded, and the purpose of different types of records - for example, I.ROC comments versus daily notes. Change in the guidance, materials training for good personal outcomes recording is ongoing and cannot yet be evidenced.

Remaining Challenges

One major challenge facing Penumbra is how to use outcomes information collected through I.ROC in routine reporting, particularly to funders. We have already experienced some funders asking for explicit evidence of improved outcomes for people, and although I.ROC is not being requested specifically, services are struggling with how to include I.ROC information in this evidence in such a way that maintains its relevance and integrity. For example, one service has to provide evidence of the number of people who have made positive, negative or no change in relation to a number of pre-defined outcomes by the funder. The difficulty with reporting this using I.ROC information was described within the focus group at stage two:

“And with I.ROC it’s always been expected that scores will go up and down, it’s not a case of somebody starting with all 1s and then moving to all 6s, because in mental health that just doesn’t happen.”

This information is clearly not available through I.ROC scores alone. Instead, it needs to be supported with analysis of comments and personal plans and illustrated with personal stories. The concern with simply using I.ROC scores is the underlying assumption that increases in scores reflect improved outcomes whilst decreases in scores reflect unmet or negative outcomes. In reality this is not the case, as again was explained within the focus group:

“You often have the high score, maybe they give themselves a 6 and you think oh that’s really good. But then when you speak about it, you find out that maybe they don’t want to come out of the home so...”

“Yes, so you realise that the high score which initially looks really good might not actually be such a positive thing within the bigger picture, you know, once you get that understanding through the discussion.”

Good recording practice regarding I.ROC and other outcomes information would support the information we can give to funders to present a more well-rounded and realistic picture. It is clear however that a lot of work remains to be done before this is a realistic possibility.



How can we improve reporting practice?

Development of IT solutions

Staff within Penumbra have responded positively and enthusiastically to the development of both I.ROC and the HOPE toolkit. They like having a structure and they feel that the visual element of the tools is incredibly useful. These are strengths of the approach that can potentially be taken further. The tools exist currently as paper documents, but perhaps a more integrated solution would be possible through development of computer technology. For example, to be able to complete an I.ROC and write or even record notes whilst doing it straight on to the online database would help reduce pressure on staff time. If the system were then able to highlight areas of strength and need and link directly to the plan on screen, this could help to link the process both physically and within the thinking of staff.

Development of tools for note taking

Another possible change would be to provide staff with a more structured approach to note taking, with a specified column for outcomes, as illustrated below:

Date	01/01/15	Outcomes Identified Previously		
Support Type	1:1	To feel more healthy	To go for regular hikes in the country	To feel less anxious when out of the house
Activity	Went for a walk	SU is walking faster and further, says they are feeling healthier both physically and mentally	The walks are slowly getting longer, building up to walking weekend in the Cairngorms next month	SU still feeling anxious. We talked about trying some different anxiety reduction techniques. Next support session we will research new techniques
Area of I.ROC addressed		Exercise & activity; physical health; mental health; safety & comfort		
New Outcomes		To gain more computer skills to allow me to research coping skills by myself		

Training & guidance

Clear guidance should be provided on reporting for outcomes. Training either at a team level or an organisational level could be rolled out to address the practical skills in recording.

Knowledge Exchange

Work should continue to target funders and other agencies about what to look for in outcomes reporting. Partly, this will happen as a result of being provided with good examples of recording outcomes, however a continued effort needs to be made to share our learning about what works, what meaningful outcomes are and how to measure them. A particular area for focus is the use of this information at the level of commissioning, to maintain the stance that outcomes information should not be used for the setting of targets or for performance management either within or across agencies.





Penumbra is a leading Scottish Voluntary Organisation working in the field of mental health. We provide an extensive range of person-centered services for adults and young people. Penumbra is greatly in support of a personal outcomes approach, as described by Talking Points and has designed the HOPE framework and I.ROC, the Individual Recovery Outcomes Counter, to enable this process.

