

## Using the Personal Outcomes Evaluation Tool in Rochdale

*In this short paper we look at how one local authority in the North West set about measuring and understanding the impact of how they supported people who use social care. The things they learn learned from doing so and how they have started to use the learning in practise.*

In 2016 Rochdale MBC were one of a small number of local authorities who responded to an invitation to take part in an initiative being taken forward by the social innovation charity In Control. The request was to start to routinely gather the views and experiences of people who need support and their families, and to do so in a consistent way each time their care and support was reviewed. The intention was to see if it was possible to start to better measure the performance of the authority not by the things that it did, as most performance frameworks tend to, but rather by the impact local people said the authority had on their life.

All the local authorities taking part in the initiative agreed to use the same approach to gathering views and experiences, and to 'embed' the process into their social care system locally. In reality this meant changing the format of their review process so that feedback could be gathered consistently and updating the forms used on the local IT system. They also undertook share the anonymised data they gathered so it could be pooled to form a national data set. This data set could then be interrogated to potentially reveal common experiences to identify any patterns.

Participating authorities used simplified version of the [Person Outcomes Evaluation Tool](#), an outcomes matrix that had been develop over a number of years by In Control and Lancaster University.

### The Personal Outcomes Evaluation Tool

The simplified version of the P.O.E.T. used by Rochdale in this work collected information in relation to four aspects of peoples care and support:

- **You and the support you get;** including the reason people needed support, The type of personal budget they have, other personal characteristics such as age.
- **Planning your support;** Peoples level of control over how personal budget was spent. Their knowledge over the amount of money in their personal budget. The extent to which they were involved in the planning process.
- **The quality of your support;** people experiences of the Quality and amount of support, the degree of choice and control they enjoy over their support, the information available to make decisions about support and the degree of dignity with which they are supported
- **The outcomes of your support:** The difference support has made to people life in the following areas,
  - Health: Being as fit and healthy as you can be
  - Taking part in your community: Doing things in your local area
  - Your quality of life: your social and economic wellbeing
  - Relationships: enjoying your friends and/or family
  - Your Home: being happy where you live
  - Feeling safe : feeling safe and secure
  - Everyday activity: work, education, training, recreation
  - Choice and control: making everyday decisions

These Outcome areas align closely with the domains of wellbeing as defined in the Care Act and so provide a way for the local authority to determine the extent to which it is discharging its primary duty under the act.

### **What we learned by collecting and analysing the data from using the P.O.E.T.**

By embedding the P.O.E.T. questions into the review process and local recording systems we very quickly started to build up a data set describing people's views and experiences of their support, and the impact of that support on their wellbeing. Looking at this data along with data previously collected using P.O.E.T. we noted many and varied factors appear to be associated with better outcomes for personal budget holders, and that these factors can vary across groups of people. We have described the factors in great detail in a series of [reports published elsewhere](#).

In summary we have seen that many significant personal factors such as gender, ethnicity, age or self-reported social care need in and of themselves are rarely associated with better or worse outcomes. We observed that the personal budget type does appear to be associated with some outcome areas, but in most circumstances the type of personal budget was not associated with more or less positive outcomes, once other factors were taken into account.

Importantly we know that some particular aspects of the care and support process are more regularly and most robustly associated with good outcomes and that we need to improve these areas.

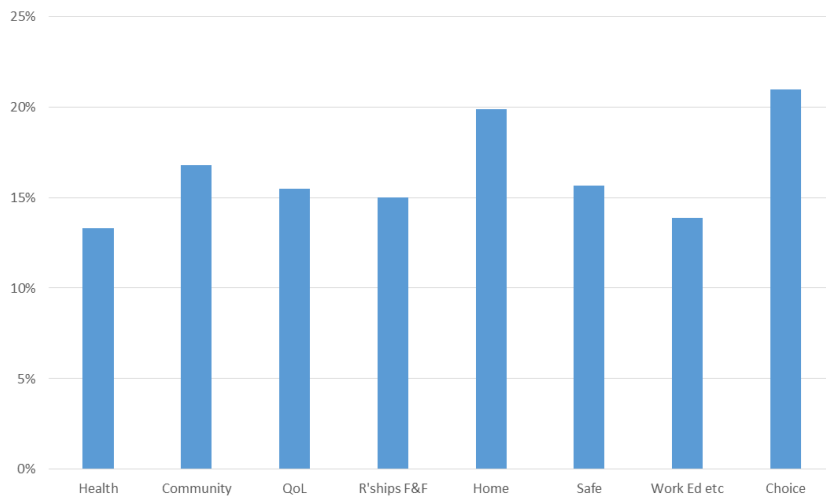
### **The association between good planning and good support**

Looking at the data collected we saw that there are strong and robust associations between the process of planning and organising support with the impact of peoples support on their life. In other words there are things that are well within the local authority control that seem to affect people's reported wellbeing. The extent of these differences can be seen by looking in detail at two of the factors that local authorities can control, the choice and control people enjoy of the use of their personal budget, and the extent to which people were involved in the planning of their support. The P.O.E.T. includes two simple questions that allow us to measure these two factors.

- Could you decide how the money in your personal budget was spent?
- Were your views included when your support was planned?

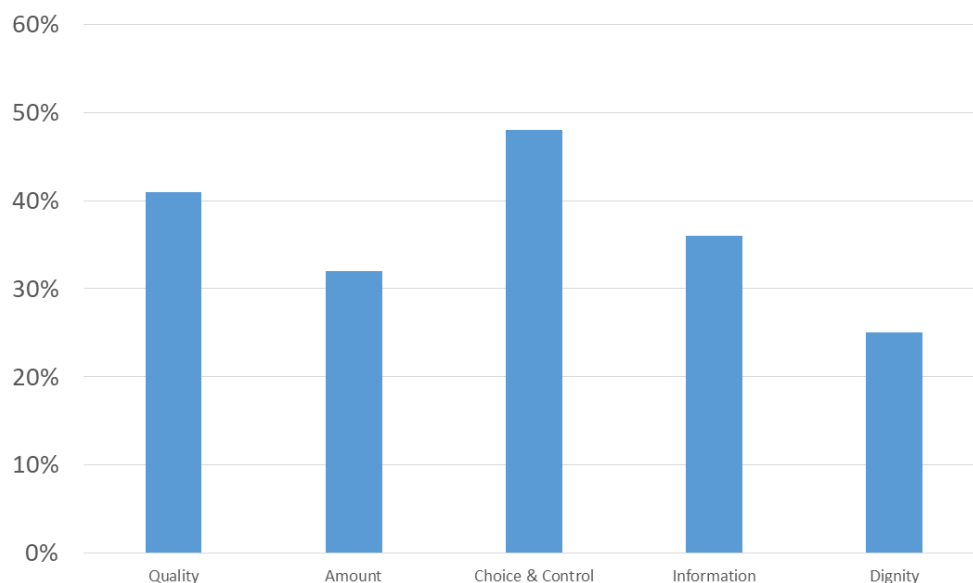
By looking at each in turn we will see how they correspond with improved experiences of support and improved outcomes.

People who reported that they enjoyed choice and control over the use of their personal budget were markedly more positive about their support in a range of areas we asked about. For example people who said they could decide how the money in their personal budget was spent were noticeably more satisfied than those who could not in a range of aspects relating to how their support impacted on their life. The proportion of people saying their support had made things better in relation to their choice and control rising from 52% to 73 %. Those saying their support had made things better in relation to work or learning rising from 46% to 60 %. Feeling safe from 57% to 73%. Taking part in community from 49 % to 65%.



**Figure 1: Increase in satisfaction levels for those who said they could control how their personal budget was spent: Has your support made a difference in these areas of your life?**

People who said they were fully included in the planning process also reported markedly higher satisfaction levels compared to those who did not. Looking at the judgements they made on the quality of their support, satisfaction levels rose steeply across all the aspects we looked at. When people said their views had been included fully satisfaction rose from 44% to 85% in relation to quality of support, and from 48% to 79% in terms of being satisfied with the amount of support they get. Peoples reported satisfaction in relation to the choice and control they have over their support rose from 34% to 82%, and satisfaction with in relation to information to make decisions with rose from 33% to 69%. Peoples reported experience of dignity also rose by around a quarter from 66% to 92 %.



**Figure 2: Increase in satisfaction levels for those who said their views had been included in the planning process: What do you think about these areas of your support?**

These increases in satisfaction levels demonstrate a remarkable association between good process in just two areas and noticeably better outcomes. Looking more broadly at people experience of self-directed support process we have clearly identified three broad areas that should inform our approach when thinking about improving our social care system. These three areas can be thought of as forming essential building blocks for better outcomes:

- **Listen to people and making sure they feel heard.**

There seems to be little difference in terms of reported outcomes between the various professions who may be involved in planning. No one group of professionals appears to be more helpful than any other. But people reporting that their views were fully included, particularly in budget setting and support planning process, was firmly associated with better outcomes.

- **Keeping things clear and simple is essential;**

People knowing the amount of their personal budget was robustly positively associated with many of the outcome indicators we looked at. The personal budget process being felt by people to be easy was associated with all of the outcomes we looked at. Those people who reported all aspects of the personal budget process to be easy were most inclined to report good outcomes.

- **Allow people to control their support, avoid restricting creative use of budgets and look beyond core services.**

What people spent their budget on was associated with a range of better outcomes. Spending on traditional services was not associated with better outcomes, people who spent their budget on community/leisure activities were more likely to report a positive impact of their budget on several areas of wellbeing. People who spent their budget on personal assistants were more likely to report a positive impact of their budget on: quality of life, self-esteem, relationships (paid & family) feeling safe, arranging support, independence, control over life.