

Performance and Improvement Framework for Social Services

Understanding experiences and outcomes

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1 Introduction

This guidance provides practical ideas to help local authorities understand the experiences and outcomes of those who use social services.

It is designed to help local authorities adhere to the *Code of practice in relation to the performance and improvement of social care services in Wales (the Code)*.¹

The Code sets out the expectations of local authorities in terms of performance, improvement, and the collection of evidence regarding the quality standards and the eight elements of wellbeing, as defined and set out in the Social Services and Well-being (Wales) Act 2014.²

Specifically, this guidance aims to help local authorities expand the traditional focus on quantitative metrics. It offers practical ideas about how to engage more directly with people who use social services to understand (a) their experience of engaging with social services and (b) any changes they perceive in their social care outcomes and (c) their wider wellbeing.

The guidance has strong connections to two other pieces of guidance, which you may want to read alongside this document:

- Using evidence to inform improvement (available [here](#))
- Measuring activity and performance guidance 2020-2021 (available [here](#)).³

Error! Reference source not found. overleaf summarises the relationship between this guidance and the Social Services and Wellbeing (Wales) Act 2014.

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¹ <https://gov.wales/sites/default/files/publications/2020-03/code-of-practice-in-relation-to-the-performance-and-improvement-of-social-services-in-wales.pdf>

² <https://www.legislation.gov.uk/anaw/2014/4/contents>

³ <https://gov.wales/sites/default/files/publications/2020-03/measuring-activity-and-performance-guidance-2020-21.pdf>

Figure 1 The guidance in context



The guidance also supports other strategic initiatives, e.g.:

- Initiatives to support social care research in Wales, as set out in the Social Care Wales Research Strategy for Wales 2018 – 2023 [here](#)⁴
- Support provided by Social Care Wales to help people access, use, understand and generate research and evidence in social care. More information is available by contacting research@socialcarewales.
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020 available [here](#).⁵ The Welsh Government intends bringing this Act into force from April 2023 which will provide for the establishment of a Citizen's Voice Body for health and social care and set out duties of quality and candour for the NHS.

We are grateful to more than 80 stakeholders who have helped to shape this guidance. Some participated in workshops; some shared resources, expertise, and case study examples; others reviewed drafts. This collaborative process helped us to “join the dots” between a number of existing initiatives, and to make

⁴ <https://socialcare.wales/research-and-data/research-strategy-for-wales>

⁵ <https://gov.wales/health-and-social-care-quality-and-engagement-wales-act>

clear connections with social care strategy, policy, resources, and delivery in Wales.

2 Definitions used in this guidance

Item	Definition
Data	Types of data include numerical data, documentary data (data or information that has already been collected), observational data, descriptions of people's experiences, opinions, and views or a combination/ triangulation of the above evidence. ⁶
DEEP	Developing Evidence Enriched Practice. An approach that has been developed by Swansea University and applied in Wales since 2014. It focuses on the use of diverse types of evidence (research, lived experience, practitioner knowledge and organisational knowledge) in learning and development.
Community of enquiry	A workshop-style session that offers space for people to collaboratively explore ideas. The sessions start with a prompt to get participants thinking allowing participants to share what they think and do and why while listening to others from different contexts or positions. It differs from other facilitation methods because it lets a group define what they want to discuss. ⁷
Experiences	In this guidance, we use the word experience to mean an individual's experience of engaging with social services.
Outcomes	In this guidance, we use the word outcomes to mean an individual's improvement or deterioration in their assessed support needs and/or overall wellbeing outcomes that matter most to them (the Code p14).
Qualitative	Qualitative data collection methods provide an in-depth understanding of behaviours, perceptions, and underlying reasons for social phenomena. While quantitative methods are usually used to measure the 'what', qualitative methods are most often used to explore the 'how' and 'why'. Common qualitative data collection methods include in-depth interviews, focus groups, case studies, observation, and ethnography. ⁸

⁶ HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. P54
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

⁷ Adapted from www.iriss.org.uk Last accessed June 2021.

⁸ HM Treasury (2020) Magenta Book: Central Government Guidance on evaluation. p62.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

Item	Definition
Quantitative	Quantitative research explains phenomena according to numerical data, analysed through mathematically based methods, especially statistics. ⁹
Stakeholder	In this context, stakeholders are those with an interest in the evaluation. They may be involved at any stage and include those providing funding, developing, or implementing the intervention, supporting the evaluation, using the evaluation findings, representing service users, relevant community organisations, and other agencies working in related areas. ¹⁰

⁹ Yilmaz, K., (2013) Comparison of Quantitative and Qualitative Research Traditions: epistemological, theoretical, and methodological differences, *European Journal of Education*, 48 (2), p.311.

¹⁰ See Public Health England (2018) *Guidance: Planning an evaluation*. Planning an evaluation - GOV.UK (www.gov.uk)

3 The importance of understanding experience and outcomes

3.1 Introduction

Engaging directly with people who use social services or those that support their daily lives is a powerful way of capturing intelligence about:

- their experience of engaging with social services
- their perceptions concerning the outcomes they are achieving
- their wider sense of wellbeing.

Across Wales, there are good examples of local authorities working hard to ensure that this insight is brought into the mainstream of service evaluation, design, commissioning, and development. In this way, local authorities and their partners are able to co-produce improvements which are informed by rich data from those who contribute directly relevant experiences. Here we provide more detail about why this is important and some ideas about how to engage more directly with those who use social services.

3.2 The difference between experiences and outcomes

It is valuable to understand both experiences and outcomes. However, to gain the most value from this type of research, it is important to have clarity about the difference between good experiences and good outcomes.

For example, families involved in child protection interventions or court proceedings may find the *experience* negative. However, the *outcome* for a given child may represent a positive development. Equally, the *experience* of an adult social care service may be positive, and the citizen may feel it enhances their life in the short term. However, if this service does not contribute to an enhanced sense of independence in the longer term, it may not represent a positive or sustainable change in outcomes.

Equally, people are unlikely to immediately ascribe harm minimisation as a positive contribution. However, harm minimisation can often be a 'good' thing for social services to secure. In this context, there may be inherent tensions within the eight aspects of wellbeing outlined in Section 2 of the Social Services and Well-being Act. ([National Outcomes Framework 2019 p4](#)).¹¹ For instance, achieving the national outcome, "I am safe and protected from abuse" can

¹¹ <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf#:~:text=The%20social%20services%20national%20outcomes%20framework%20The%20key,promote%20well-being%20provides%20a%20focus%20for%20all%20services>

contradict the outcome “I belong” associated with “Domestic, family and personal relationships” ([National Outcomes Framework 2019 p5](#)).¹² These nuances around “what counts as good” must be kept in mind when experience and outcomes are being considered.

Social Care Wales have a series of resources [here](#)¹³ which explore how personal outcomes can be used more effectively in social care services. In particular, [this](#) resource¹⁴ on balancing risks, rights and responsibilities discusses situations where good outcomes may differ from good experiences.

3.3 Understanding wellbeing

‘Understanding experiences and outcomes must provide local authorities with information on the quality of people’s experiences of social care, as well as how and if they are achieving their wellbeing outcomes’. The Code (p13).

Engaging directly with those using services is critical to understand wellbeing. Only individuals themselves are capable of fully determining what defines their wellbeing. Wellbeing may include issues which are wider in scope than the defined outcomes in their care plan. Individuals themselves also have unique insight into whether it is a particular service or another factor in their life that has offered the greatest contribution to a change in their wellbeing.

The What Works Centre for Wellbeing provides useful insight and approaches to understanding and measuring wellbeing (available [here](#)).¹⁵

Spotlight on: Magic Moments

‘[Magic Moments](#)’¹⁶ is a process that was borne out of the DEEP project to explore how the use of evidence could improve the lives of older people in care homes. Stories of everyday but powerful moments in older people’s lived experiences, where they had been supported by staff to achieve something meaningful to them, were captured, enabling a shift away from the language of and focus on formal care plans or procedural compliance.

These short ‘Magic Moments’ stories were then discussed by practitioners using the ‘Exploratory Talk’ technique, which encourages dialogue and develops thinking and shared ideas in small groups. In this way, the project

¹² <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf#:~:text=The%20social%20services%20national%20outcomes%20framework%20The%20key,promote%20well-being%20provides%20a%20focus%20for%20all%20services>

¹³ <https://socialcare.wales/service-improvement/personal-outcomes>

¹⁴ https://socialcare.wales/cms_assets/file-uploads/Positive-risk-and-shared-decision-making-report.pdf

¹⁵ <https://measure.whatworkswellbeing.org/wellbeing-explained/>

¹⁶ http://www.careforumwales.co.uk/uploads/MagicMoments_PDF.pdf

supported further development of the outcomes-focused practice by inspiring participants to reflect on their own work and how they can create 'Magic Moments' of their own and better articulate what features of their work can be most impactful for their service users.

'...the DEEP project discovered many examples of kind, compassionate, creative and heart-warming stories of good practice, which became referred to as 'Magic Moments'. Such moments were often 'hidden' and did not feature in the written care plans, which are the focus of so much attention. However, when these stories were shared and discussed, they encouraged and inspired others to create their own 'Magic Moments' in ways that care plans, rules, and regulations never could.'

Nick Andrews, Developing Evidence Enriched Practice programme, Swansea University

Preventing harm or deterioration of outcomes can be critical to an individual's wellbeing. Engaging directly with citizens is an important way for local authorities to understand the role, effect and value of preventative approaches.

Spotlight on: Meetings that Matter: Evaluating and learning from collaborative approaches to prevention and wellbeing

This was a 12-month participatory action research project involving statutory, voluntary and community stakeholders in Pembrokeshire and Monmouthshire, in partnership with the Wales School for Social Care Research at Swansea University. It explored what best enables the achievement of prevention and wellbeing.

Participants from across the various stake-holding agencies were trained in two techniques:

- Most Significant Change (MSC) (a participatory and emergent story-telling approach to evaluation) enabled front-liners to collect stories of change from citizens. These stories focused on understanding prevention and wellbeing rather than a strict focus on assessed care needs. The stories were then taken to MSC story-selection panels for discussion.
- Community of Enquiry (CoE) (a dialogue-learning technique) is used to structure and strengthen subsequent discussion at MSC panels.

Both approaches helped to understand the value of prevention and wellbeing. Trained practitioners coordinated the gathering and formatting of these stories for use in five MSC story-selection panels. Participants each read out a story, and together the panel discussed which aspects were the most significant and why. They then used the CoE approach to collate lessons learned from across the stories. Panel discussions were audio-recorded, transcribed, and thematically analysed in detail.

A further focused enquiry group took place following each panel. Notes were used to produce feedback reports for each of the five panels, which were also thematically analysed.

The research identified nine learning themes that promoted relational and responsive cultures of supporting prevention and wellbeing development work: (organisational) culture, metaphorical approaches to planning, kindness, relationships, small, emergence, agency, story, and dialogue.

4 Ways of engaging citizens

4.1 Introduction

Experiences and outcomes must be gathered through a range of nationally recognised approaches. Local authorities should also gather their own data to reflect their own locally defined priorities. The Code (p13)

In Wales, projects such as Measuring the Mountain (see [here¹⁷](#)) and Improving Adult Care Together (see [here¹⁸](#)) offer interesting examples of how different engagement approaches can be drawn together to help improve our overall understanding of people's social care services experiences and outcomes. As a result, there are already many tried and tested approaches to engaging directly with those using social care services in Wales.

This section begins by highlighting some approaches which are already being used in Wales. It then offers guidance and tools to help generate bespoke approaches.

4.2 Approaches which are being used in Wales

It is important to choose methods which address the research questions and which are practical to implement. Figure 2 below summarises some approaches which are becoming more commonly used in Wales. It is not an exhaustive summary, but local authorities may find it useful to assess whether these approaches can help address their research questions without the need to create a more bespoke approach.

Figure 2 Existing tools

Tool or Approach	Collaboratively designed or tested with stakeholders	Has links to existing Welsh Government or Social Care Wales social care measurement initiatives	Results can be scaled or generalised	Client group suitability	The intensity of research burden on clients	Level of resources required to implement and analyse
Developing evidence enriched practice (DEEP)	✓	✓	Less likely to be true	All client groups	Likely to be high	Likely to be high

¹⁷ <http://mtm.wales/>

¹⁸ <https://more.bham.ac.uk/impact/>

Tool or Approach	Collaboratively designed or tested with stakeholders	Has links to existing Welsh Government or Social Care Wales social care measurement initiatives	Results can be scaled or generalised	Client group suitability	The intensity of research burden on clients	Level of resources required to implement and analyse
A range of tools and approaches designed to encourage the exploration and use of diverse types of evidence in policy and practice development (available here). ¹⁹						
Results based accountability and report cards (available here ²⁰ and see further information below).	✓	✓	More likely to be true	All client groups	Likely to be low	Likely to be high
Bright Spots - survey for looked after children (available here). ²¹	✓	✓	More likely to be true	Looked after children	Likely to be low	Likely to be high

¹⁹ <https://www.deepcymru.org/en/resources-overview>

²⁰ <https://clearimpact.com/results-based-accountability/>

²¹ <https://coramvoice.org.uk/for-professionals/bright-spots-2/>

Results-based Accountability²² (RBA²³) is a model that is firmly focused on understanding experiences and outcomes. It starts with the end outcome or wellbeing goal that a service / agency is trying to bring about and then works backwards to bring about that change through results-based decision-making. It aims to use jargon-free processes, value diversity of opinion and input to formulate step-by-step service planning that will meaningfully bring about change. At its core is the importance of collecting, baselining, and understanding appropriate data to be confident about the direction of travel towards an intended outcome.

Partners work through a series of questions to enable them to be more effective at meeting their service aims.

- a. Who are our customers?
- b. How can we measure if our customers are better off?
- c. How can we measure if we are delivering our services well?
- d. How are we doing on the most important of these measures, and why?
- e. Who are the partners who can help?
- f. What works to do better?
- g. What do we propose to do?

Once these have been worked through, services are encouraged to use a report card to capture all of this thinking and baseline measures and projections to effectively summarise their work (to a range of audiences). Report cards can also be used to channel the planning and implementation of a project into an outcomes-focused working model. The programme is formulated and framed from the outset to promote the meeting of certain goals. It can be reviewed regularly to demonstrate progress over time and refine any decision-making and implementation.

The RBA online implementation guide (available [here](#)²⁴) offers practical tips and examples to aid organisations in using this process to ensure they maximise their impact on their service populations. The RBA approach have been used in several projects across Wales.²⁵

Spotlight on: North Wales Integrated Care Fund Evaluation

Established in 2014, the Integrated Care Fund (ICF) is a preventative programme that seeks to integrate health and social care services. It originally focused on supporting older people to remain independent and avoid unnecessary hospital or residential care admission. Its scope has widened in

²² See Friedman, M. (2005) Trying Hard is not good enough or <http://raguide.org/>

²³ <https://clearimpact.com/results-based-accountability/>

²⁴ <http://raguide.org/>

²⁵ For example, see also: <https://democracy.swansea.gov.uk/documents/s14057/09A%20-%20RBA%20Toolkit.pdf>

recent years. It now includes several other vulnerable groups such as children with complex needs, carers, those in or at risk of coming into care, those with learning disabilities, autism and other neurodiversities.

The original evaluation of the ICF in North Wales used both report cards and outcomes-focused case studies to capture the learning from the programme's first year. Although it was difficult to quantify the specific impact of projects, especially given the short timeframe that interventions had been running, several positive benefits for service-users and partnership and integrated working were identified through the case studies and report cards. Seventy-four outcomes-focused case studies were collected from across the region, illustrating how ICF projects had aimed to and had impacted their service users. Projects were asked to choose two cases, one that demonstrated how the project had positively impacted on outcomes of its users, and another where the intended impact was not as successful and could be improved. This was to maximise all types of learning to build on successful approaches and learn from what could be developed further. The most reported positive outcomes for service-users from the case studies were the prevention of hospital admission, facilitation of an earlier discharge from the hospital and support for people to remain in their own homes.

Eighty-four report cards from a total of 67 projects were submitted as part of this evaluation, which allowed evaluators to identify common elements of projects that were most valued, which ICF objectives they were working towards, and any savings that could be identified due to their intervention. Though there was no formal cost-benefit analysis as part of this initial evaluation, an analysis of these report cards provided some evidence that those projects supporting recovery and recuperation were cost effective.

The approaches used in this evaluation have been refined. They are still being used in North Wales to capture progress, outcomes and learning from its current ICF constituent projects, demonstrating an established culture of collecting outcomes-focused evidence that has become embedded into an accountable way of working.

4.3 Creating bespoke tools and approaches

4.3.1 Surveys

Surveys can be a valuable way to understand experience, outcomes and wellbeing. Whilst they do not offer the rich insights of qualitative engagement, they are an effective way to gather direct feedback from a large sample of people who are using services. If repeated, they can offer a relatively reliable indicator of improvements or deterioration in experiences and outcomes.

There are a number of good quality existing scales that explore individual wellbeing and quality of life (e.g. The Warwick Edinburgh Mental Wellbeing Scale. available [here](#)).²⁶ If the research questions can be answered using a scale or tool which has already been tested validated, this should help to ensure better quality results.

Spotlight on: PERCCI, the Person-Centred Community Care Inventory

This is a short, easy-to-complete questionnaire that measures the quality of care experiences. It is based on evidence gathered through a Doctoral Research Fellowship which was supported by the National Institute for Health Research, the Wellcome Trust, The Centre for Future Health and the University of York. The tool has been co-designed with people with lived experiences of care services and it is free to use. You can simply download the questionnaire from www.percci.org and share it with people using services (either printed paper copies or by sharing an online link via email / social media). It comprises twelve simple questions which can be completed very quickly. It covers both an individual's experience of care and the outcomes they believe they are reaching as a result of the care provided.

This survey provides value on several levels. It offers immediate feedback concerning that individual's experience. Gathered across a local authority area, this data will provide useful insight into the activities and services which are more or less effective at offering high quality experiences and improved outcomes. It also offers the opportunity to monitor change over time: asking individuals to revisit scorings on a 6-monthly or annual basis enables improvement or deterioration trends to emerge.

Creating a survey tool

However, it is often the case that there is no pre-existing tool that can address the precise research question, and a bespoke survey tool must be created. **Error! Reference source not found.** Figure 3 summarises some key issues to consider when designing a survey from scratch and the DEEP website includes more useful tips [here](#).²⁷

Figure 3 Things to consider when designing your survey

Area to consider	Think about
Ensure it answers your	<ul style="list-style-type: none"> • If possible, involve someone with previous experience of designing surveys.

²⁶ <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs>

²⁷ <https://www.deepcymru.org/en/collecting-and-analysing-numerical-data>

Area to consider	Think about
research questions	<ul style="list-style-type: none"> • Think carefully about what you want to know and design questions which allow people to tell you. • Make sure those who will analyse the data are involved in designing the survey and think about how the answers can be analysed in a way which addresses the research questions.
Ensure one person has final decision-making power for the survey	<ul style="list-style-type: none"> • It is key that someone has the final say on what goes into the survey. • Surveys that are designed by “committee” often lose their focus, meaning that the results are less likely to meet your requirements.
Think about the balance between open and closed questions	<ul style="list-style-type: none"> • Ideally surveys should mostly comprise closed questions. • Open questions are difficult to analyse in a survey because the responses tend not to be comparable. • However, one or two open questions can offer an opportunity for the researchers to find out information which they had not previously considered or known about. • If you are looking to explore a large number of open questions, a survey may not be the best tool to use.
Keep it short, if possible	<ul style="list-style-type: none"> • People are more likely to complete short surveys.
Keep it clear	<ul style="list-style-type: none"> • Use clear language (see, www.plainenglish.co.uk) • Pilot (test) it amongst colleagues and also those who may be in the target audience. <ul style="list-style-type: none"> - Ensure people have the same understanding of questions as you do. - Can the respondent understand the question? - Is the respondent able to answer the question? - Will the respondent be willing to answer the question? <p>Simple, clear questions are much more likely to be answered</p>
Use responses that are measurable	<ul style="list-style-type: none"> • For example, rather than using “on a scale of 1 to 5” type questions, consider responses which guide people to decide – for instance: ‘strongly agree’, ‘agree’, ‘disagree’, ‘strongly disagree’, or instead of answers like ‘sometimes’ or ‘often’ or give the response timing for example: ‘once or twice a week’, ‘three to five times a week’ etc.

Area to consider	Think about
Ensure the survey has a clear introduction	<ul style="list-style-type: none"> The introduction should state: <ul style="list-style-type: none"> Why the research is important Who is conducting it? Thank people for taking the time to participate When the return deadline is Who can be contacted for questions Information concerning GDPR and Data Protection.
Community languages and alternative formats	<ul style="list-style-type: none"> Ensure the survey is available in Welsh and English Explain whether the survey is available in community languages or alternative formats (such as EasyRead, large print etc).

Gathering responses

Surveys can be distributed in a large number of ways. Figure 4 below summarises some of the most common approaches and the benefits/drawbacks of each.

Figure 4 Summary of the practicalities, strengths, and weaknesses of different types of survey distribution

Design parameter	Face-to-face	Telephone	Postal	Web/email survey / App
Cost of data collection	Usually, the most expensive method	Usually, around 50-70% of the face-to-face cost for the same interview	Less expensive than face-to-face and telephone. Costs can escalate as it is an inefficient way of surveying	This is the cheapest form of conducting a questionnaire. You may need the contact details of those you want to participate
Amount and type of resources required	Specialised fieldworker skills and field-force management resources needed	Specialised interviewer and management resources needed	For samples < 1,000, normal office resources may suffice	Access to an online survey tool or App.
Timetable considerations	It may require several months unless	Relatively quick mode of data collection,	With responses, reminders may require several months	It can be the quickest method of conducting a

Design parameter	Face-to-face	Telephone	Postal	Web/email survey / App
	respondents are easily accessible or “captive.”	but depends on respondent availability		questionnaire. Feedback can be instantaneous.
Operational control	Good for controlling the sample and data collection.	Good for controlling the sample and data collection.	Few means of controlling how questionnaires are completed	Few means of controlling how questionnaires are completed
Amount/complexity of data to be collected	Best for long and complicated questionnaires	Limitations on length and data collection complexity compared with face-to-face	Weaker for groups with poor literacy or motivation, but can be good for experts	Weaker for a group with poor digital literacy.
Likely quality of the data	Best for complex topics and issues.	Good for simple factual and attitudinal questions.	Greater problems with missing data, routing errors and misunderstandings in comparison to face-to-face and telephone	Greater problems with missing data, misunderstandings in comparison to face-to-face and telephone

(Source: Adapted from the *Magenta Book (2007)*. Government Social Research Unit)

Spotlight on: Digital survey approaches

There is a range of tools that can be used to help to distribute and analyse surveys. Some examples include www.smartsurvey.co.uk and www.snapsurveys.com. They will deliver a simple analysis of the results and provide raw data in Excel or CSV²⁸ to enable a more sophisticated examination of the data if required. For some groups (especially young people), digital technology can be key to ensuring voices are fully engaged in shaping the quality of care services. For example, stakeholders involved in shaping this guidance commented on the value of the “Mind of my own” approach: www.mindofmyown.org.uk.

²⁸ This is a comma separated value file which can be opened as a simple spreadsheet in excel

A local authority in England has begun demonstrating how digital solutions can create an open and inquiring approach to gathering evidence. They have experimented with an app that allows service users and citizens to provide anonymous feedback via smartphones. The app was installed on the work phones of all social care staff. Following an intervention, staff present the screen to the citizen/service user/carer and invite them to select the emoji that best represented their experience/satisfaction.



The citizen/service user/carer's selection is not visible to the worker, so the feedback is anonymous. Respondents can also access a more detailed feedback form to complete later. We are aware of at least one local authority in Wales which is actively exploring this approach.

While it has limitations (the feedback is relatively simplistic), the benefits include securing a high response rate whilst placing a relatively low burden on the research subject and wider resources. It is an interesting example of how a creative, inquiring, learning culture can be embedded in every social care interaction. A digital solution has been key to making this possible.

4.3.2 Interviews and focus groups

Interviews and focus groups are common methods in qualitative research. They can be adapted and applied in several different ways to ensure ease of engagement for participants (e.g., in person, by phone, through virtual meetings, delivered via interpreters, delivered as part of an existing meeting or social event – to name a few). However, the basic principles are common to all these approaches. This section describes key considerations in delivering interviews and focus groups. It also shows how these approaches can be combined to create case studies.

Designing a topic guide

To ensure the “right” evidence is gathered, it is important to design a topic guide to inform the interview or focus group discussion. This guide should cover the topics you want to discuss or specific questions you want to ask the interviewee, based on the agreed research questions. It is helpful to pilot the guide with a volunteer and/or colleague to test a) how the questions are responded to, b) whether the order of the questions works, and c) whether there need to be any further amendments.

Using a topic guide is often referred to as a semi-structured interview. This acknowledges that the interviewer has a certain degree of flexibility to explore an answer further, which may extend beyond the remit of the guide. As with all

research tools, time spent at the beginning ensuring that the guide meets your requirements is likely to pay dividends at the end of the research/consultation process.

Delivering the interview or focus group

Once the topic guide is ready, the interview or focus group can begin. Interviews and focus groups can be delivered in a range of settings (e.g. in an office, on the phone, at a care home, at a youth club), but the following principles are important to consider, regardless of location or approach.

Always take some time to ensure the person or people you are interviewing:

- Feels comfortable.
- Understands who you are and the research you are doing.
- Gives informed consent to take part and understands they can withdraw this consent at any time.
- Understands how the results of the research will be used.
- Understands that they can choose not to answer one or more questions.
- Understands the extent to which their responses will be kept confidential. It is important to explain that the interviewer is unable to keep a disclosure of abuse confidential or to maintain confidentiality where there is any indication that the interviewee or others are at risk of abuse.
- Understands how you intend storing / disposing of the discussion notes or recording. Taking notes and taking a digital recording of the interview are both valid approaches: the choice depends on your preferences, the preferences of the interview participants and the way in which you intend using the data afterwards.

Chapter 5 below explores issues regarding confidentiality and use of data in more detail.

When interviewing those who may be at risk, or not used to engaging in research discussions, it can be very useful to find additional ways to help them feel more relaxed about the discussion. For example:

- The participant may wish to bring a “buddy” or family member to the discussion.
- It may be helpful to work with peer researchers or others who have an ability to create a rapport with the individual.

The researcher should think about how / whether the conversation has been influenced by those who are present (e.g. Were there issues that the young person was reluctant to reveal in front of their friend? Has this older person been keen to speak positively about their care home because their key worker was

present?). These potential tensions can be explored when the data is analysed and compared with other findings.

Spotlight on: Creative approach to qualitative engagement for older people

The [Care Home 'Ask and Talk'](#)²⁹ (CHaAT) volunteer service in Wales shines a spotlight on conducting qualitative engagement among older people.

It involves retired NHS staff (usually former nurses) training as volunteer researchers. They have face-to-face discussions with residents in nursing and residential homes. This provides an opportunity for residents for to talk confidentially about their experience of the service with people who have professional insight into the issues being explored.

The service is seen as a creative and affordable way to identify and share practice, gain patient feedback, and highlight potential safeguarding concerns.

Outcome-focused case studies

Interview and focus group techniques can be used to create case studies. They provide an opportunity to examine one individual's experience in more detail. Ideally they will explore all the factors which may be affecting that individual's experience of the service, outcomes and wider wellbeing. They are typically developed through interviews with the individual themselves, and then supplemented by the views of project workers, family members, referrers, and other stakeholders. In most cases, it is crucial that the information presented is anonymous. Case studies are extremely valuable in helping to understand the experience and outcome of a small number of individuals, especially if they have engaged in a complicated or complex set of support interventions.

It can be helpful to collect case study data in a standardised way, which promotes a focus on outcomes. These outcomes-focused case studies can be used to showcase the intervention in action whilst focusing on the outcomes met. Using such a template across different services and projects enables a certain level of comparison and overview for authorities and regional bodies. The template suggested below seeks to capture the usual descriptive information of a typical case study and ensure that data on impact, outcomes, and learning is also captured.

Figure 5 Outcome-focused case study template

Example Case Study: Service Name to be entered here
Background information
Subject information is usually a made-up name or reference that allows the project or service to track back to confidential data held on file and include

²⁹ https://www.youtube.com/watch?v=OKiQU8-S_8I

demographic information and/or other useful information, e.g., time or dates engaged with the service.																								
Reasons for contact – e.g., risk and protective factors of the young person																								
This describes the reasons for the individual's involvement in the project or service (e.g., could be taken from referral).																								
Support provided and other agencies involved																								
This section should present a picture of the support being provided to the individual – both from the specific project or service and from other agencies. It should be clear how the support from the project/service 'fits' with the other support. The types of support delivered and the reasons for this support should be made clear in this section.																								
Feedback from stakeholders																								
This section summarises feedback from the full range of stakeholders on the support provided to the service user. The stakeholders could include the service user themselves, carers, family members, referrers, social services staff, local authority staff, school staff, YOT workers and health practitioners. This section also provides the opportunity to highlight any feedback from user satisfaction questionnaires.																								
Impact on the child or young person																								
This focuses on the impact of the service or project on the individual. What has changed or improved because of their involvement in a project/service? Ideally, this would be measurable data collected as part of routine project monitoring. It should focus on the changes in an individual's knowledge, behaviour, attitudes, or skills. It can be presented in a tabular form below:																								
<table border="1"> <thead> <tr> <th>Outcome</th> <th>Area of impact expected</th> <th>Target and timescale</th> <th>How measured</th> <th>Actual impact and timescales</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Outcome	Area of impact expected	Target and timescale	How measured	Actual impact and timescales	Comments																		
Outcome	Area of impact expected	Target and timescale	How measured	Actual impact and timescales	Comments																			
Lessons learned																								
This presents an opportunity to highlight lessons learned, e.g., what you would have done differently, what needs to happen next.																								

5 Managing the research

5.1.1 Introduction

This section sets out the key considerations concerning the management of research activities which involve engagement with citizens. It summarises key issues in relation to:

- Sampling
- Ethics and safeguarding
- Use of data

5.1.2 Sampling

There are a number of useful questions to consider when thinking about the number and type of participants to involve in interviews, focus groups, case studies and surveys.

- Do we need a representative sample (which reflects the wider population) or a purposive sample (i.e., one that selects certain characteristics – e.g., those who have failed to engage with a service)? In practice, it may be that you have to make do with a convenience sample (i.e., whoever is available and willing to participate) – this may of course affect the overall quality of the research.
- For interviews, case studies and focus groups, is there value in securing a sample of service users with various experiences and outcomes? Ensuring a mixture of evidence that can be described as “better”, “worse”, and “in the middle” can provide particularly useful learning.
- How and where will we recruit participants? Will we need to work with partner agencies and stakeholders? What recruitment resources will be needed?
- What is the incentive for participants to take part? Will they receive a summary of the research and how it feeds into service development? Will they be offered a tangible reward (e.g., a high street voucher)? Weigh up the advantages of a reward as a genuine incentive versus having an unintended consequence (e.g., those in poverty may be more compelled to participate because of the reward, rather than a genuine interest in participating). What might the impact be on those service users that choose not to take part?
- How can we ensure that service users do not feel any pressure to participate? We must reassure them that participation is not linked to any future support they may receive.

- Accessibility: how can we ensure that participants are as fully supported to take part? Think about language, literacy, disability, times of day, digital inclusion and how participation is offered – i.e., face-to-face, or digitally?

5.1.3 Ethics and safeguarding

Project leads and researchers need to be aware of ethical considerations at all stages of the research process. The following questions may be useful in helping local authorities ensure they meet their obligations in this area:

- Is there a regulatory requirement for the study to have formal Research Ethics Committee (REC) review as per the guidance in the Governance Arrangements for Research Ethics Committees (see [here](#)³⁰) and if so, has the REC given a favourable ethical opinion on the study?

If not, then:

- Are there any other laws/ regulations that apply of which the local authority must be mindful in its decision-making/ oversight?
- Is there an existing ethical review/ approval process within the local authority, and if so, what are the implications for this piece of research?
 - How will researchers be obtaining informed consent from participants (i.e., verbal, written?) Do research information sheets and consent forms need to be drafted, and will they be sufficiently accessible?
 - How will any safeguarding issues be managed? (e.g., safeguarding disclosures during the fieldwork stage?) Is there a protocol in place or an assigned safeguarding lead with whom researchers can consult throughout the project?
 - Confidentiality, anonymity, and data security- what can participants expect from taking part, and how will this be communicated? How will data be kept secure? How will data storage and privacy policies be adhered to?
 - Other ethical considerations- e.g., how will researchers ensure there is no pressure to participate and that participants know that consent is negotiated and retractable (i.e., participants can refuse to participate in some elements of the research?)
- What support is available for researchers who may be carrying out research among people who have had challenging experiences? What arrangements are in place for the researcher to access a debrief or other support as required?

³⁰ <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/governance-arrangement-research-ethics-committees/>

- What is the process for ensuring that research participants are able to find out the results of the research and understand how it has been used to inform improvement?

5.2 Use of data

As a general principle, local authorities should try to make each piece of data “work hard” to ensure the best “return” on the investment of resources and emotional energy that the local authority and citizens have made in generating qualitative data. However, citizens must have control over how their data is used, so if people show any reticence about their data being used for multiple purposes or shared beyond the local authority, this must be respected.

As noted in the associated guidance ([Using evidence to inform improvement](#) available here), each piece of data can be valuable to numerous departments within the local authority and its partners. In some cases, this will be for internal purposes (e.g., planning, commissioning, service improvement, workforce development), and in some cases, the data will be published (e.g., demonstrating accountability).

Commented [BN2]: Insert hyperlink once guidance is published and add to references section

Data collected by engaging citizens is governed by the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Local authorities are responsible for the personal data they collect, process, and hold when delivering their social services functions for adults and children and should make the individuals they work with aware of their rights about holding and processing their personal information. When collecting personal data it cannot be used for anything other than the stated reason (or shared) without permission (unless processed further to remove personally identifying characteristics). As a result, it is essential to ensure clarity about the consent which the research participant has offered. If there is a desire to use the data for multiple purposes and / or published in multiple locations and / or shared between different agencies, this must be explained to the research participant and explicit consent must be secured.

In addition to the individual consent, local authorities should ensure they are complying with their wider responsibilities under General Data Protection Regulation (GDPR) and Data Protection Act 2018. The Information Commissioners Office has created a useful code of practice on data sharing, available [here](#).³¹ This is a complex area, and it is essential that those engaged in research planning, analysis and dissemination consult and comply with their organisation’s relevant policies and procedures regarding General Data Protection Regulation (GDPR) and Data Protection Act 2018.

³¹ <https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/data-sharing-code/>