Narrative recording as relational practice in social services: a case study from a Scottish carer support organisation

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Abstract

Narrative recording in case records and individual plans within social services represents the means by which stories can be constructed with and about the people with whom services work, influencing relationship building, and outcomes. Identities and decision-making are forged in records, shaping people's lives. Yet, limited attention is paid to narrative recording in research and practice. Indeed, recording, which increasingly veers towards 'box-ticking,' is viewed by practitioners as a bureaucratic burden, limiting time for the 'real job' of face-to-face work.

Drawing on Ricoeur's narrative hermeneutics in exploring qualitative data from a carer support organisation, we identify the potential contribution of narrative recording. Carers often seek support when their sense of identity and quality of life are diminished by their unpaid caring role. We explore practitioners' views about the role of the narrative record in holding memories, feeding into recognition of capable agency, clarifying possibilities for action, restoration of identity, and wellbeing. Applying a Ricoeurian lens demonstrates how attaining these benefits requires recording practice which supports recognition through relational practice, in pursuit of better outcomes for carers. Carer benefits could

be enhanced by carers holding a copy of and being able to reflect on and further contribute to their own plan.

Key words: narrative recording, relational practice, carers, outcomes, identity

Introduction

In many countries the sustainability of public services is severely challenged by demographic pressures associated with ageing populations, fiscal pressures and increasing inequalities (WHO 2016). Meanwhile, efforts continue to be invested in technocratic and prescriptive processes associated with managerialism and assumed to be effective means of managing scarcity (Ferguson and Lavelette 2013). This, despite well-established concerns about the 'descriptive tyranny' imposed by standardised pro-formas which disrupt the making of meaning in human interactions (Gubrium et al 1989). In this climate the time required for the building of trust and mutual respect and associated with effective use of personal and material resources too easily becomes devalued (Jonsdottir et al 2004, Wilson et al 2011).

Relational practice is characterised as a form of partnership, focused on evolving dialogue between the person and the professional, in which the intended outcome is determined through forming a trusting relationship (Jonsdottir et al 2004). Our contention is that relational practice can be supported by narrative records, to hold memories for the person who comes into contact with services and practitioners, facilitate understanding of fluid situations and build future possibilities. The philosophical perspective of Paul

Ricoeur supports consideration of the role of narrative in facilitating recognition and constructing positive identity, enhancing carer self-worth. Ricoeur adopts a practice orientation, promoting the concept of targeted respect for people experiencing pathology and the need for appreciation of the vital value of their experiences (Ricoeur 2007). Before discussing the theoretical lens of Ricoeur, further consideration will be given to narrative recording in social services.

Narrative recording in social services

There is a body of evidence around the role of the conversation in supporting relational practice (Dewar and MacBride 2017). However, there is limited exploration of how the essence of those conversations is captured in formal service records, despite the significant influence of those records on influencing decision-making in the everyday life of social services. The aim of this article is to examine evidence from one organisation that has invested in relational and associated recording practice. This involves consideration of the narrative record in relation to building relationships, recognition and identity, and in ensuring clarity of purpose and informing the actions taken by all involved.

The context is longstanding work to embed personal outcomes in practice in diverse service settings. Outcomes are understood as what matters to people who use services, including outcomes relating to quality of life, to recovery and rehabilitation as well as process outcomes or how people are engaged with (Glendinning et al 2008, Miller 2011). This presents a departure from practice oriented towards priorities determined by services (Glendinning et al 2008). As

the work has progressed, the importance of the record has become clear, in forming the link between the conversation, decision-making and consequent action (Cook and Miller 2012).

Recording is often seen as onerous by practitioners, largely because it has to fulfil competing demands. Following earlier research by Gubrium et al (1989) O'Rourke (2010) explored systemic tensions influencing recording practice. She describes challenges in reconciling value demands, functional demands and accountability demands, finding that the latter pressures have increasingly inclined recording towards bureaucratic box ticking at the expense of person-centred practice (O'Rourke 2010). Similarly, efforts to focus on the priorities of people using services, encapsulated by embedding personal outcomes in practice, yield two diverse interpretations. The first leans towards managerialism, whereby information is gathered primarily to 'prove' outcomes for accountability purposes, resulting in a transactional approach. The second involves a person-centred approach, driven by a belief that the point is to 'improve' quality of life outcomes for people, resulting in a relational approach, requiring narrative interpretation of people's lives (Miller 2014).

Some service interactions with people consist of one-off encounters, requiring minimal recording. Even in these situations it is possible to note the person's perspective. However, more sustained involvement requires a narrative approach which works with the unfolding, shifting quality of people's lives, and recognition of individual vulnerabilities and capabilities. This brings its own challenges including the need to record salient aspects of conversations

practitioners have with people they work with, while being mindful of the need for manageability and retrievability (Kagle 1983, 1984; Ames 1999).

Agreement by individuals on which professionals should have access to their information can avoid duplication of recording efforts within agencies, and also avoids burdening people, by requiring them to repeatedly tell their story (Taylor 2011). While the work described here is situated in public service contexts, there is potential value in drawing on the wider field of hermeneutics. This refers to the theory and methodology of interpretation; enabling exploration of meaning making in practice, and the drawing out of wider implications from the service setting to the social world in general.

Bringing a Theoretical Perspective to Narrative Recording

In considering the role of narrative in the context of services, we found Ricoeur helpful in several respects. First, Ricoeur (1991) emphasises the ontological dimension of narrative, namely that we are narrative beings, and that narrative is constitutive of both human experience and identity. He offers a view of narrative as more than a mere ordering of past events, and as the means of providing 'practical understanding' by incorporating events into the narrative. As human existence is temporal and involves constant interpretation, the narrative is constitutive for action (Ricoeur 1992).

Ricoeur (1992) also attends closely to the co-authored nature of narratives and inter-subjective nature of identity configurations. A person is not an entity

distinct from his or her actions and experiences and narrative also configures identity (ibid). Specifically, as social beings, people form their identity through relational processes by integrating life experiences into an evolving narrative of the self. The human need for recognition from others has profound implications for 'self-understandings' and self-worth (Ricoeur 1992).

This article considers Ricoeur's (1992) position on narrative in the context of social services, where the written plan has profound implications for establishing relationships, shaping of identity and development of shared purpose to inform decisions. Ricoeur's approach to hermeneutics apprehends of a wholeness of being and desire for unity and purpose. It also seeks out otherness, discontinuity and disruption, a theme extended into medical sociology through the concept of 'biographical disruption' (Bury 2001). In this context, narrative is important in making sense of and gaining perspective on the life changes involved by illness, and attendant identity implications.

Yet, narratives, and identities, are not necessarily consensually negotiated, being authored, as they are in hierarchical locations, in which people may be tied in reciprocal but asymmetric power relationships (Currie and Brown 2003). In the context of services, making normative assumptions about what people need or what should be important to them can deny possibilities, result in misrecognition, constraining agency and identity (Fisher 2008). Normative assumptions can be influenced by conflicting demands on the record (O'Rourke 2010) including those managerialist agendas (Ferguson and Lavellete 2013)

making claims to efficiency whilst undermining the relational practice underpinning effectiveness.

We now explore how personal outcomes and narrative influence decision-making and action in services, using one carers' support organisation as an illustrative case study.

Context

This article is based on data generated via an ESRC funded project entitled Meaningful and Measurable. Embedding personal outcomes in practice is a quest in diverse services settings (Glendinning et al 2008, Miller 2011). There can be tensions between prescriptive approaches to 'counting' outcomes, compared to relational work to identify outcomes (Miller 2014). Longstanding relevant work in practice in Scotland has sought to support more respectful, responsive, collaborative and effective ways of working with individuals and families (Miller 2011). We consistently find that recording practice requires specific attention, as organisational requirements for data and gatekeeping can result in meaning being eclipsed by measurement, with implications for narrative representations (Cook and Miller 2012, Miller and Barrie 2015).

In this project, eight organisations representing diverse health and social care agencies, six statutory sector and two third sector, participated in local action research spanning diverse geographical settings. A collective case study approach was adopted, in attempting to obtain an in-depth appreciation of

phenomena of interest, in real-life natural contexts (Crowe et al 2011). Each site had developed approaches to embedding personal outcomes. Following examination of service records, recording emerged as a shared concern due to limitations in the quality of narrative recording of outcomes across sites, with implications for decision-making and potential data use.

This article focuses on one site, a third sector carers' support organisation, implementing personal outcomes since 2008, presenting an opportunity to explore a context where outcomes valued by carers are well embedded. The selected site had invested in practice development and personalised outcomes relevant to individual carers were evident in narrative form in records, linked to intended actions. While records also often acknowledge the role that carers themselves wanted to play, rather than focusing only on the role of services (Cook and Miller 2012), recording practice was not always consistent.

An iterative approach was adopted, with an initial review of narrative records leading to development of questions which informed interviews and focus groups with practitioners, and one frontline and one senior manager about their decision-making in constructing carer narratives. It is important to reiterate that relational practice and its capture in narrative recording represents a break with managerialist pressures (Miller 2014). There was interest therefore in decision-making about what was included and excluded from service records. A senior manager was the key link to the project overall, and provided a perspective on continuing organisational priorities.   The case study explored the use of

recorded narratives in relationship building, and their pivotal role in linking conversations, their capture in records and the actions taken.

After reviewing a sample of records, we identified key features of the records in general, and decided to invite a range of practitioners from within the organisation to participate in focus groups and interviews. The purpose was to obtain a wider perspective on beliefs about recording, and to ascertain whether there were shared views about the role of narrative records, rather than to question specific practitioners about their own practice.

Carer organisation project methods

Ethical approval for this study was obtained from the University of Edinburgh and all participants gave informed consent. The methods employed included case file analysis to ascertain what was being recorded, followed by two focus groups and three in-depth interviews to discuss recording decisions. Five sets of case notes, and the linked baselines (outcomes plans) and reviews were comprehensively reviewed with particular concerns in mind. These included consideration of whether efforts were evident to clearly identify the priorities of carers, in the form of outcomes, and how these were linked to interventions, attention to the contributions of all involved, and changes over time. In Ricoeurian terms the concern was to explore practical understandings, the means by which identity is configured, and albeit only from a practitioner perspective at this stage, the extent to which the human need for recognition and implications for self-worth were being attended to (1992).

Following analysis of the case notes, a list of questions was prepared for a staff focus group of 6 participants which was followed up by three in depth interviews with practitioners who expressed particular interest. The questions centred on practitioner decision-making about what to include and exclude from the record. There was then a second focus group involving 15 practitioners. The questions further concentrated on the relationship between the conversation held with carers and decisions about recording, as well as identifying what practitioners value in case notes recorded by others.

Concerns about the impact of technocratic, prescriptive tendencies on practice have been identified for some years (Ferguson and Lavallete 2013, Lowe 2013). As researchers we have observed that these tendencies present barriers to achieving outcomes focused practice (Miller 2011, Barrie and Miller 2015). This study provided an opportunity to explore a service setting where personal outcomes practice is relatively mature. Although the methods initially focused on documentary analysis to ascertain what was recorded and how, there was a commitment to ensuring that the perspectives of practitioners, as a relatively less powerful group within organisations (Currie and Brown 2003) were included, to explore their approach to meaning making with carers, and the associated role of recording.

In conducting this analytical exploration, we drew upon Ricoeur's narrative hermeneutics. The approach began with independent close reading of transcribed texts. We each asked analytical questions, seeking to understand

how participants created meaning over time in relation to events and experiences, and the concerns, hopes and actions connected to them. We then shared, discussed and organised our findings. Applying key Ricoeurian concepts, we were attentive to the interplay between 'practical understandings' of practitioners and carers; practitioner concerns about relationships with carers, relational practice, inter-subjectivity and forms of '(mis)recognition'; the potential implications for carer 'identity configurations', 'self-understandings' and sense of 'self-worth', and actions in practice. We reflected upon the significance of these findings in the context of outcomes focused practice and its concern with recovering, maintaining or enhancing quality of life and wellbeing.

FINDINGS

We now turn to consider the (narrative) recording of carer defined outcomes in contributing to building rapport and relationships, with attendant implications for recognition, identity and carer self-worth; decision-making about the actions to be taken over time; narrative recording and outcomes and organisational implications.

Recording as contributing to relationship building, recognition and identity

Narrative recording of personal outcomes was identified as contributing to relationship building and recognition of the carer as a person, notably by

supporting the conveyance of respect and significance during encounters. This involves attending to 'who' the carer is, rather than just the what (Fisher 2008, Ricoeur 1992). Key to achieving this, from the practitioner perspective, was ensuring the record reflected the person's priorities, capturing the details necessary to convey distinctiveness and ensure continuity over time, supporting relationship building between the carer and individual practitioner, and with the organisation as a whole. The importance of the written record (in the electronic system) in aiding memory was found to thread through the discussions on various themes. This investment in developing a shared understanding is a precondition to identifying outcomes. This concern to retain the meaning generated through interactions with carers was found to influence practitioner recording through the journey with each carer.

Ensuring the record is 'true' to the person

Practitioners identified a tension with narrative recording. They wanted to avoid excessive recording within their interactions with carers so that the conversations could flow. However, they also wanted to ensure that they did not lose the essence of the carer voice, in their endeavour to accurately reflect the person's perspective.

I suppose it's like Chinese whispers, isn't it?… If I hear something and by the time I process it out of my brain and have written it, it could be completely different to what the carer has actually told me. So that's why I… I do keep my

notes. Because they're a prompter for me to remind me of what I've been told (practitioner interview 1)

Practitioners distinguished between recording case notes during and soon after the conversation, with different preferences expressed by individual practitioners. The importance of completing case recording promptly following the conversation was stressed in order to remain true to the conversation in the face of competing work pressures:

For me, it has to be either after or pretty soon after the conversation because then things happen, other calls, and it just... It's a slow process. I guess the sieve effect, you know. It slowly starts to drift out of your mind what... What was really being said (practitioner interview 1)

So whether expressed as wanting to avoid 'Chinese whispers' or the 'sieve effect', there was concern at each stage to capture the carer perspective.

Being respectful to the carer during the encounter

It was recognised that the written record was collaborative, in recording what the carer says whilst allowing for practitioner reflections. In this vein, case recording during the conversation served to keep sight of the practitioner's emergent thoughts without detracting from what the carer was saying:

So I'll be making notes about what the content of the conversation is from the carer, but I'll also maybe put... I'll put a wee question mark and then... of things that are maybe popping into my head... I'll note that down so that I don't forget (practitioner interview 1)

The recording of informal 'notes to self' for revisiting later was important in maintaining a respectful dialogue whilst not interrupting the carer's story:

I normally ask for permission, but I note down, kind of, key bits of the conversation. Or if they raise something but they're kind of in a flow, but it seems like quite a significant thing that I want to take them back to, then I'll probably note that down. So that I'm not interrupting the way they're trying to tell their story (practitioner interview 2)

So there was a concern to avoid interrupting the flow, whilst ensuring that pertinent points were noted for revisiting later.

Building relationships over time

Several practitioners identified the role of recording in helping to build and maintain a relationship with the carer over time, and between encounters:

I don't think I could do my work as a practitioner without recording anything. Because it's simply not possible to retain enough detail about all of the people that you're working with to be able to... maintain the relationship....

So, for example, like, if I'm seeing somebody that I see frequently or I'm seeing again, I'll always go back to the last session notes (practitioner interview 1)

The role of the record in helping the practitioner to simultaneously keep sight of the overarching unfolding narrative being built up in notes and electronic records over time, and the stories told within encounters was also alluded to in the context of relationship building:

Whereas the notes were helpful for me, basically, you know, I suppose in terms of keeping track of how she was presenting in terms of her own mood, or... the current situation. Because they were... sort of, week-to-week there was all these things that were changing for her or a new issue that had arisen… I suppose it's about weekly fluctuations over... compared to, kind of, the bigger trajectory… And you need to have that detail because that helps you build the relationship with the person (practitioner interview 2)

This practitioner identifies the need to attend to detail of what the carer says in later conveying that what the carer had shared had been both remembered and understood. This relates to Ricoeur's (1992) notion of 'practical understanding'. This was also necessary to check on progress. Capturing 'the story' was a recurrent theme, centred on an awareness of the temporal nature and flux of human existence (ibid), that conversations with carers pertained to significant life events, either in the past, or unfolding in the present, with an eye to future possibilities. There was a sense that forgetting the details would be disrespectful and undermine the relationship (with implications for carer self-

understanding and self-worth). When supporting a large number of carers, each with complex lives, it would not be possible to retain details and convey understanding without records:

So I need to be able to say, you know, "Last week this was a really important thing that you'd raised. We discussed this kind of way of maybe addressing the situation. How...? How's that been?" But... So you need that, kind of, week-to-week... It's almost like the nitty gritty detail and... You can't hold all of that in your head as a way of going... But you need it for them to feel that you have understood them and remembered... what they'd said (practitioner interview 2)

The use of the records to build rapport mattered from the outset, while trust had to be established over time inter-subjectively and was dependent in part on the practitioner being recognised:

By allowing carers time to have this space to reflect, issues they... Sometimes it might be that people do know what their issues are, but they keep them back because they don't trust... You know, they're sussing us out. (focus group 1)

Beyond encouragement of trust, this practitioner emphasises that carers need the opportunity to engage with another to make sense of their own disrupted lives. Holding the small yet significant details and the overarching unfolding story in the record was instrumental in facilitating reflection.

Using the person's own words can be valuable in itself

While different approaches were used to convey that the carer had been listened to, several practitioners identified the recording of the carer's own words as effective in constructing the narrative:

> *And sometimes I also note down exactly a phrase that somebody has used. If somebody uses specific wording that seems quite significant, then sometimes I'll note that down because actually hearing their own words back to them is quite important* (practitioner interview 2)

In the following example, the practitioner identifies how important it can be to carers to feel listened to, by having their own words reflected back in subsequent conversations, which is significant because being listened to is an outcome in its own right and at the heart of recognition:

> *Sometimes people... [I'll say] you know, when we first met, you said this. And they look really surprised. "You really listened?"* (focus group 1)

The repeating back of significant or emotive phrases could also serve to take the person back to the moment the original point was made:

> *I think there's maybe certainly things that a carer will word – maybe how they feel or, you know, the situation or whatever, in a very particular way. And*

I think that is, again, it's really useful to say, "Remember, we had that initial conversation and you described that as being, you know... like being in a black hole or..." You know what I mean? (focus group 1)

This practice could also serve as a useful means of sense checking or correcting practical understanding:

…You know, you found that your relationship with your husband has changed quite a lot because of the caring situation. And that's something you were wanting to re-balance. Have I understood that correctly? So then they can, kind of, come back and correct you … I find it helpful to have that words that somebody actually has used (practitioner interview 2)

There is a sense in the last section of practitioners threading each encounter with the carer through to the next, developing a narrative thread upon which to build the relationship.

Recording to maintain a sense of continuity

Maintaining continuity, by linking past, present and future was deemed essential so that the carer's story could be easily picked up and continued, including by others in the organisation, without the carer having to start again:

Because if I was to get hit by a bus, then somebody needs to be able to come in and get an essence of what her conversation was about (practitioner 1)

There was also a sense that knowing what had already happened should feed into decision-making about the next stage:

So that you can, again, make that judgement, that informed decision when you've got someone on the phone about what's been going on and what needs to be carried forward (focus group 2)

While there was an element of being able to meet this requirement swiftly and efficiently, perhaps more importantly, this was deemed necessary to extend the concepts of being known or recognised and of relationship with carers from practitioner to organisation. This relates to the earlier point about duplication of information and the burden of repetition placed on people using services:

You know, if somebody, you know, calls up and they've been in contact with us before, we know who they are. We have an idea of their situation. They don't have to repeat themselves…So I suppose there's something about the relationship between the organisation and [the carers] (practitioner interview 2)

As part of its outcomes journey, the organisation had decided prior to the project that baselines and reviews should be shared across departments within the organisation, so that the outcomes were clear across the service. Practitioners

identified advantages to being able to share outcomes across services, including shared learning and more holistic support to carers:

And I think since CISS (information system) came on board there's more... More communications in working with the various departments… So it's a more holistic approach and the carers actually feed back that it is a benefit (focus group 1)

Supporting clarity of purpose

The recording of support plans were deemed to play an important role in supporting and consolidating the clarity of purpose achieved through outcomes focused conversations. While in some systems, outcomes are embedded as tick box measures, the priority here was to capture the priorities of the carer in narrative form. There were several references by practitioners to the benefits of having a clear sense of direction through focusing on outcomes:

And I think that's the biggest difference now. Is that you can actually see very clearly what you're supporting a carer to achieve. And that's… The feedback from everybody is that it's much better (practitioner interview 1)

Identifying and recording outcomes was also instructive in establishing and keeping sight of priorities amidst complexity, for the benefit of both carer and practitioner:

I suppose the, kind of, outcomes recording... Was useful for... It's useful for taking quite a big, sort of, complex situation and pinning it down to things that are identifiable and achievable for both... for me and for her. So we knew what we were, kind of, trying to address. Because you can't address everything as well (practitioner interview 2)

The practitioner here identifies the use of the record to explore possibilities in face of complexity. Keeping a focus on the outcomes valued by the carer was challenging amidst the various documents held for each individual. However, it provided a compass to support re-navigation when the way forward became unclear:

You know, you have the carer's support page, and you've got an advocacy page, and you've got... And then you've got an outcomes [plan], where you actually... For me, mentally, the outcomes [plan] is what underlies all of this. And you almost want to be able to see it… Because sometimes you can find that it drifts a little bit (focus group 1)

Without focusing on outcomes, or the preferred direction expressed by the carer, there was also a sense that it would be difficult to maintain clarity or a sense of progression, not only for the carer and practitioner but also as an organisation:

I *think it would be quite internally chaotic. And, I guess, it would be, kind of, directionless. Because the outcomes, kind of, fundamentally help you pin*

down with the person what it is they're trying to get from you as an organisation.

You could never know as an organization if you were doing the right things or

the wrong things (practitioner interview 2)

However, there was also a recognition that in the face of the life disruption presented by complex and rapidly fluctuating conditions and changing lives, recording outcomes can't always achieve clarity of purpose:

And some people… I don't think there would ever be an optimal time to pin it down, and I think it actually changes for them every time… The issues you thought you'd worked out with them week one are different week two and it's different week three. So I think with some people you could, in theory, continually baseline. (practitioner interview 2)

Where it is possible to identify a shared sense of purpose, the record provided a platform for shared reflection over time, particularly in gauging progress and whether outcomes were being achieved, and if not to consider why not:

Because sometimes, actually, you can make the changes – but without the opportunity to reflect with a worker on where were you, where are you now, what's happened, people don't necessarily feel the improvement… And, you know, if you've... taken those steps, but things haven't changed, then maybe... the issue wasn't quite what you'd both agreed it was in the beginning (practitioner interview 2)

So in relation to clarity of purpose, the recorded outcomes and the sharing of these within encounters with carers acted as a point of return and means of engaging whether previously identified possibilities had been actualized, or were still relevant.

Narrative recording and outcomes

The project lead emphasised that they were trying to encourage use of narrative records to explain what an outcome means to an individual carer, sharing the following example:

> *So there's one thing to identify health and wellbeing for the carer, but what does that mean in the context of their life? So… this carer was concerned about balancing their upcoming medical treatment with maintaining a stable environment for the people they were supporting… But also it was about capturing changes in the outcomes over time, by identifying new outcomes or changes in priorities… (project lead interview)*

The lead also emphasised that the concern about wellbeing was new for this carer, illustrating that outcomes, as part of an evolving narrative, need to be reviewed over time. Another practitioner emphasised the importance of not jumping to identify an outcome too quickly, which risked oversimplifying the emerging story, risking misrecognition:

I think you sometimes have to watch that the outcome is not a, kind of, false economy... We were taking an outcome, but you're not pocketing it straight away into finance or health and wellbeing. And you are considering if this issue – does it impact in other areas… And it makes you more aware that, okay, finance is a worry but actually it has an impact on our stress levels… (focus group 2)

One interviewee explained her approach to identifying outcomes with carers, using terms consistent with Ricoeur's *Time and Narrative*:

I would probably use the word priorities more. Or.., a past-present way of explaining to people. Like, when we first spoke, this is where you were at, these were the things that you'd raised. How do you feel about those now... Usually I suppose temporal language. Language about time. (practitioner interview 2)

Priorities identified by the carer organisation following Meaningful and Measurable

During the final meeting for the project, an interview was held with the carer project lead. She identified that the project had confirmed for her that recording needed to be viewed as a priority for practice:

So that it's not seen as a bureaucratic process… But actually seen as a core part of your support to the individual… saying, you know, this is about

practice development and it's about improving the support that we offer to…to carers (project lead interview)

The organisation's final report for the project identified that further skill development would be supported by discussion and debate on good recording practice, via training, supervision and team meetings (Gardner 2015). The intention was to elevate the status of narrative recording, as a means of recognising the evolving circumstances of each carer, enhancing carer support and outcomes.

Discussion and conclusion

This article explores the specific contribution of narrative recording as a key component of relational practice, and as holding potential to facilitate recognition and positive identity. Although recording has come to be viewed as an onerous task by many practitioners, what emerged here was a stronger concern amongst practitioners to strike a balance between respectful interactions and flow of conversation and on the other hand, taking necessary steps within and between encounters to ensure that the record accurately reflects the carer perspective.

Whilst the role of conversation in the context of an effective working relationship is already known, practitioners identified efforts to establish a narrative thread, linking through different encounters in sequence. Consistent with Ricoeur's use of text feeding into self-construction over time (Ricoeur 1988), this was valued

not just in relation to accuracy of records, but also in building trust to enable the carer to rebuild their narrative. The record can provide a means of solidifying the carer perspective, giving it tangible form with the potential for confirming to the carer that they have been heard. The inclusion of such narrative involves complex decision-making and compromise, in that practitioners are required to be concise in selecting what to record, to support manageability and retrievability (Kagle 1983, 1984; Ames 1999). In such circumstances, sharing of the record with the carer would provide the most effective means of ensuring its validity from a carer perspective. Although practitioners identified that they routinely verbally check the accuracy of the record with the carer, availability of the written record would further avoid risks of misrepresentation, misrecognition and maximise participation.

For Ricoeur, recognition of diverse ways of being in the world informs the view that experiences deviating from normative conceptualisations of health have their own 'vital value' worthy of respect (Ricoeur 2007). Views expressed by practitioners in this situation demonstrate concern to reflect the vital value of carer circumstances, consistent with arguments for recognition. Conversely, if what matters to the person is repeatedly expressed by them but not captured in records, there is risk of misrecognition. To be 'known' or recognised as an individual who contains both vulnerability and capable agency opens up possibilities for new meaning and repair of fragmented narratives.

Narratives and identities are often negotiated in hierarchical locations (Currie and Brown 2003). Here, power is ultimately located within the organisation,

which both constructs and 'holds' the record. Normative assumptions constitute one of the most frequent means by which power relations are reinforced, and agency is constrained (Fisher 2008). Where prescriptive processes are employed to manage accountability and scarcity concerns, normative assumptions are embedded and opportunities for reflective and restorative engagement diminished. This was a third sector organisation, and as such, was less constrained by the multiplicity of processes that exist in statutory services. However, we also found that in statutory sector case study sites, size mattered, and some smaller health and social care partnerships reported greater ability to influence their culture and processes than their larger neighbours.

While practitioners here have ultimate power over carer records, their expressed efforts at collaboration suggest this power is not held lightly. Indeed, in participating in this project and reflecting on their professional actions and their meaning, they engaged in their own narrative construction. However, the next step required is the full sharing of carer records with each carer who wishes to have their own record, as it is only through the carer holding, reflecting on and having opportunities to amend the record that it can genuinely be described as 'co-constructed.'

In considering how this relates to an outcomes approach, the development of a shared understanding through attentive and respectful dialogue, preferably over time, is necessary to get to what matters to the person. Focusing on outcomes was often found in turn to result in a clear and shared purpose,

achieved by summarising an *evolving* series of stories framed in and through interaction. The output of this collaborative venture is the formal record which directly influences the action taken. The practitioners wanted to ensure that narrative recording of outcomes data was sufficiently reflective of the carer's views to inform decision-making in a way that reflected the person's story in all its complexities, rather than privileging organisational priorities based on bureaucratic concerns and attendant risk of misrecognition.

Focus groups and interviews with practitioners and managers uncovered links between recognition, practical understanding and clarification of purpose from the carer perspective and links to action. While service user perspectives were gathered in other sites, this case study turned inwards to investigate the decision-making processes made by practitioners on what to include and exclude from the record.   Clearly, the voice of carers is a priority for follow on research on this topic. Additionally, a future publication and further research will include analysis of the records themselves, along with carer perspectives on how the records impact on identity, self-understanding and self-worth.

Review of records within agencies offer a means of practice development. This organisation had started to use quantitative and qualitative data about outcomes to build a picture of caring situations, how they were changing over time, and the impact of interventions on carer outcomes. The project lead also wanted to ensure that decisions based on collated information were communicated to practitioners to encourage reflexivity and create a virtuous circle of recording. In this way, an additional tier of narrative building was being

embedded in the organisation, reflecting Ricoeur's concern to promote "a good life, with and for others, within just institutions" (Ricoeur 1992, 172).

We identified at the outset that the sustainability of services is dependent on significant shifts in practice. A key output from the WHO's sixty-ninth world health assembly was the Framework on integrated, people-centred health services (WHO 2016), recognising that approaches which engage people in dialogical decision-making are prerequisite to the future of services. Failure to understand the person in the context of their life too often results in unwelcome interventions and wasted resources, exacerbating the scarcity problem (Miller 2011). Where based on meaningful engagement, the record can become a tool for facilitating reflection on perspectives and priorities in face of fluctuating circumstances, and continuous disruption, in conversation with the carer over time. Here, there was a recognition, in the Ricoeurian sense, of the simultaneous capability and vulnerability of the carer and consequent need to maximise carer voice and sense of agency, whilst understanding the precarity and imposed constraints of many caring situations.

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