

Selecting & Summarising

*turning search results
into polished summaries*

A special workshop for



LIBRARY SERVICES

with **Tim Buckley Owen**

Tim
Buckley Owen

information skills training

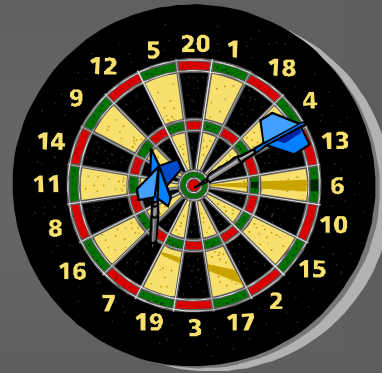
www.buckleyowen.com

Our goals for today

Tell a good story

POWER
and KISS

Summarise
effectively



Manipulate our
search results

What is your personal
goal for today?

Read strategically

Select, reject,
prioritise

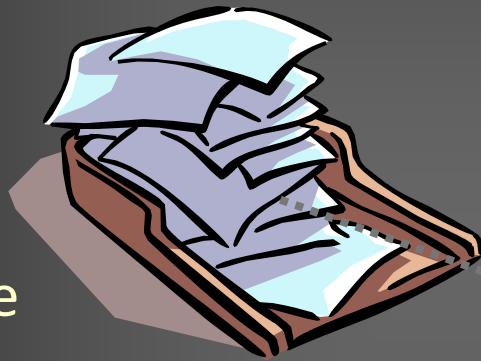
Selecting & Summarising

What we plan
to do today

The value we need to add
POWER and KISS

The value we need to add...

Select & reject
with confidence



Extract &
summarise the
key information

Present your
answer
compellingly

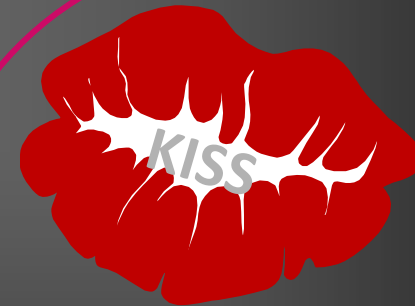
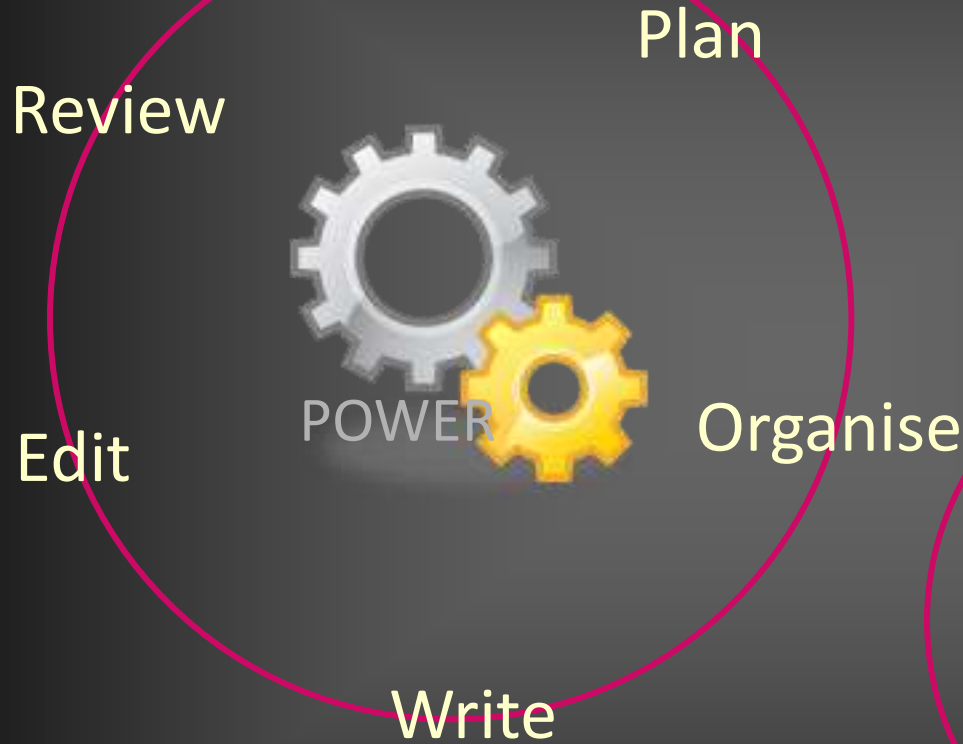
Reach a
decision



Make a
recommendation

Take
action

Two key principles...



Keep
It
Simple
Stupid!

Today's time management challenge...

VITAL

Identify the most important search results

Be able to change our mind if necessary

Find the best source material for our summary

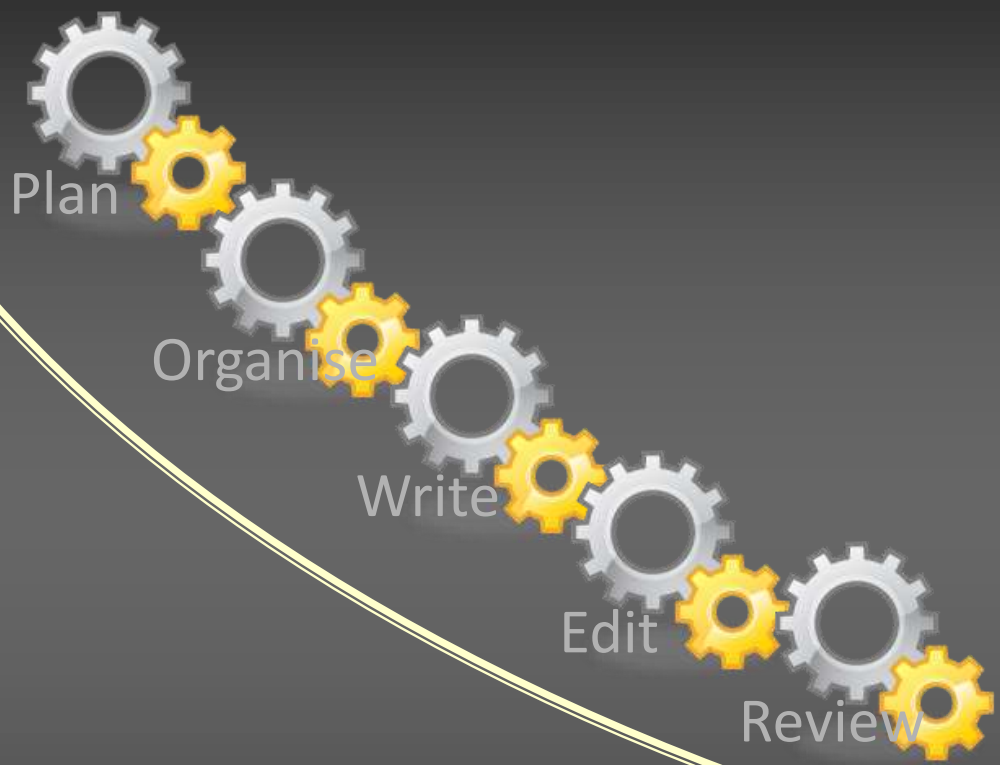
Draft, check and deliver it



URGENT

Get it all done by 4:30 today

So let's start our journey...

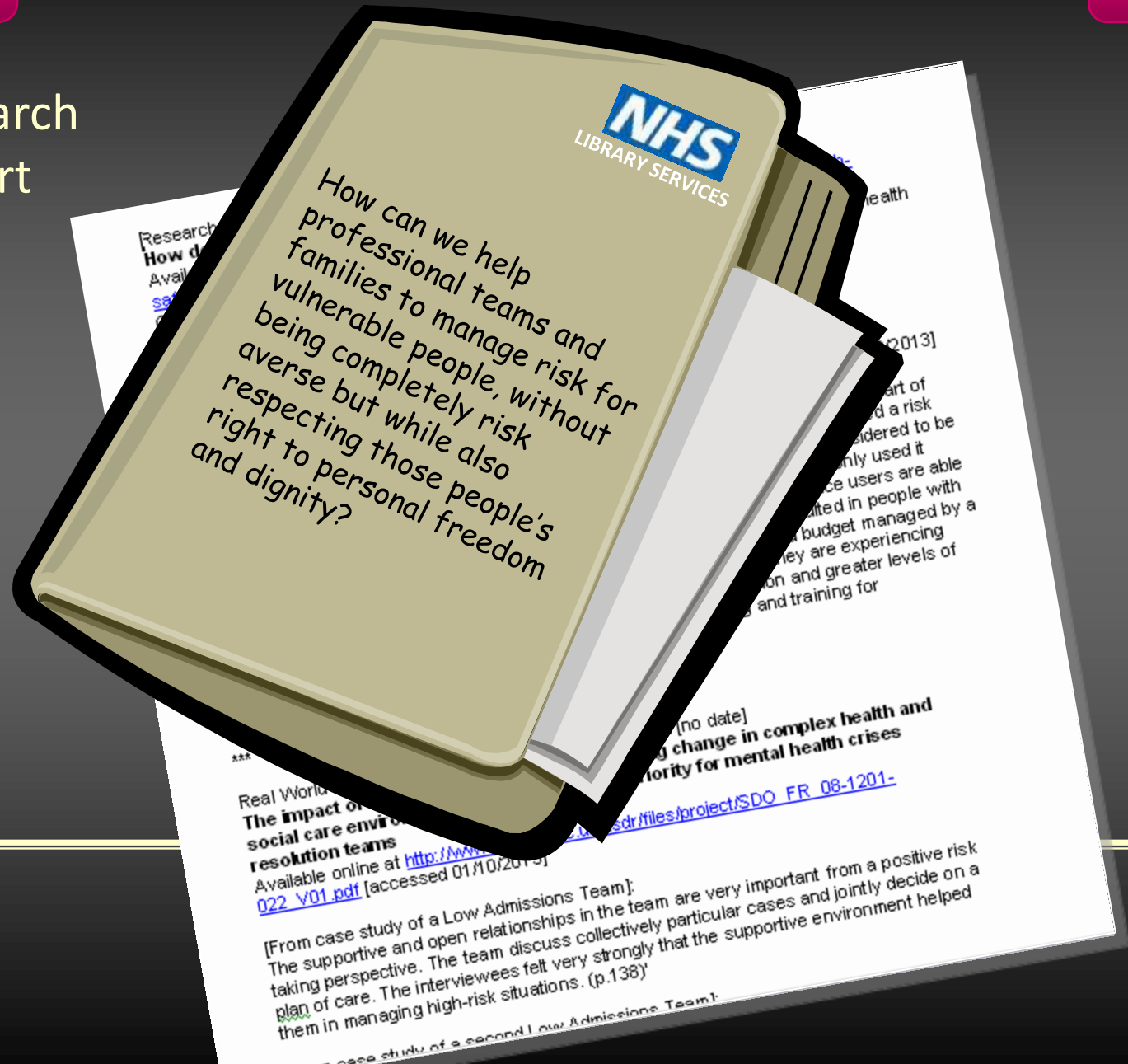


and...



The task...

Turn these raw search results into a report entitled...



Start by looking through the search results...

Do any of the documents look particularly useful?

Do any themes emerge?

Can you reject any documents straight away?

Above all...

Is it easy or hard to navigate around this list?

Can you think of ways of making it easier?

Research in Practice for Adults: Balancing personalisation with safeguarding
How do you run a risk enablement panel?

Available online from: <http://www.interactive.ripfa.org.uk/balancing-personalisation-with-safeguarding/topic/how-do-you-run-a-risk-enablement-panel/> [accessed 03/10/2013]

Gives brief examples of how this can work, mostly in local councils but cites one mental health trust

Social Care Institute for Excellence
Social Care TV: Personal Budgets: Risk Enablement and Mental Health
<http://www.scie.org.uk/socialcare/tv/video-player.asp?v=riskenablement> [accessed 03/10/2013]

"This film showcases the work of Stockport Council and Pennine Care NHS Trust. As part of their risk enablement strategy for personal budgets and mental health they established a risk enablement panel as a last resort for discussing final support plans for people considered to be at risk. However, in the three years since the panel was established, they have only used it twice. Stockport has also committed to a culture change where staff and service users are able to openly discuss positive risk taking and concerns about risk. This has resulted in people with mental health problems (even those with more complex needs who use a budget managed by a third party) being able to use their personal budgets more creatively. They are experiencing positive outcomes such as improved confidence and self-determination and greater levels of activity. They also have more opportunities to take up volunteering and training for employment."

Real World Group/Sainsbury Centre for Mental Health [no date]
The impact of leadership factors in implementing change in complex health and social care environments: IHS Plan clinical priority for mental health crises resolution teams
Available online at http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1201-022_V01.pdf [accessed 01/10/2013]

[From case study of a Low Admissions Team]:
The supportive and open relationships in the team are very important from a positive risk taking perspective. The team discuss collectively particular cases and jointly decide on a plan of care. The interviewees felt very strongly that the supportive environment helped them in managing high-risk situations. (p.138)



Plan

Selecting & Summarising

Making your search
results manipulable

*From a linear list
to a flexible dataset*

Manipulation: the tools for the job...

zotero

Will my chosen tool allow me to...

Work with references taken from any source I choose?

Describe those documents using whatever headings I want?

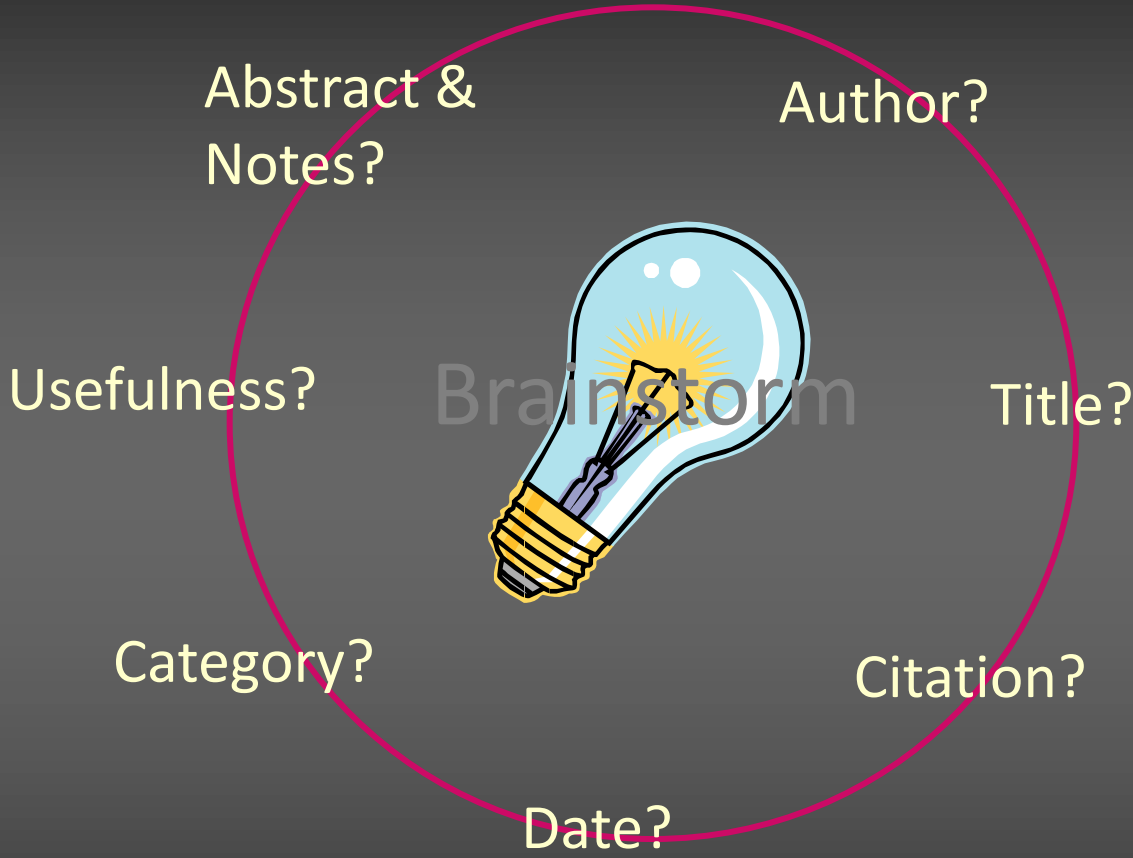
Sort and resort them using multiple criteria determined by me?

 RefWorks



Organise

How you might want to describe and sort your results...



Populating your matrix...

Copy across only the details you need
- ignore records of lesser interest



Priority	Category	Title	Author	Citation	Date	Abstract & Notes
		Updated review of research on risk and adult social care in England	Joseph Rowntree Foundation		2012	

Joseph Rowntree Foundation (2012); Mitchell, W.; Baxter, K.; Glendenning, C.
Updated review of research on risk and adult social care in England
Available online at
<http://www.york.ac.uk/inst/spru/research/pdf/researchReviewRiskSocialCare.pdf>
[accessed 03/10/2013]

'Addresses gaps identified in the earlier review, with new studies on the experiences of people with mental health problems or learning disabilities.'

This is a limited update of an earlier extensive review of research into the incidence and management of risk in adult social care in England.

Recent research in the areas covered by this review appears to focus predominantly on the operation and effectiveness of new measures and procedures intended to identify and reduce risk; and also on new challenges in the prevention and management of risk raised by the implementation of personal budgets in social care.

Gaps identified in the earlier review have been addressed, particularly by new studies on people with mental health problems or learning disabilities. There is, however, little research on how users' experiences of different groups of service users, such as...



Populat... matrix...



SPOTLIGHT

BREAK THE STORY. BREAK THE SILENCE.

'Address...
people with men...

This is a limited update of an ear...
management of risk in adult social care...
Recent research in the areas covered by this...
operation and effectiveness of new measures and proce...
risk; and also on new challenges in the prevention and manage...
implementation of personal budgets in social care.
gaps identified in the earlier review have been addressed, particularly...
people with mental health problems or learning disabilities. There...
of different groups of service users, such as...
little research on how users'...



Organise

TRY THIS...

Take a look at **Report Planner 1** in the **NHS Practicals** folder.

This document shows the structure we're aiming for (irrespective of the application we use).

It has already been populated with selected details of all the documents in the **Search Results** file.

If you're using a reference management package, you may have been able to automate at least some of the process – otherwise you may have to do much of the work manually.

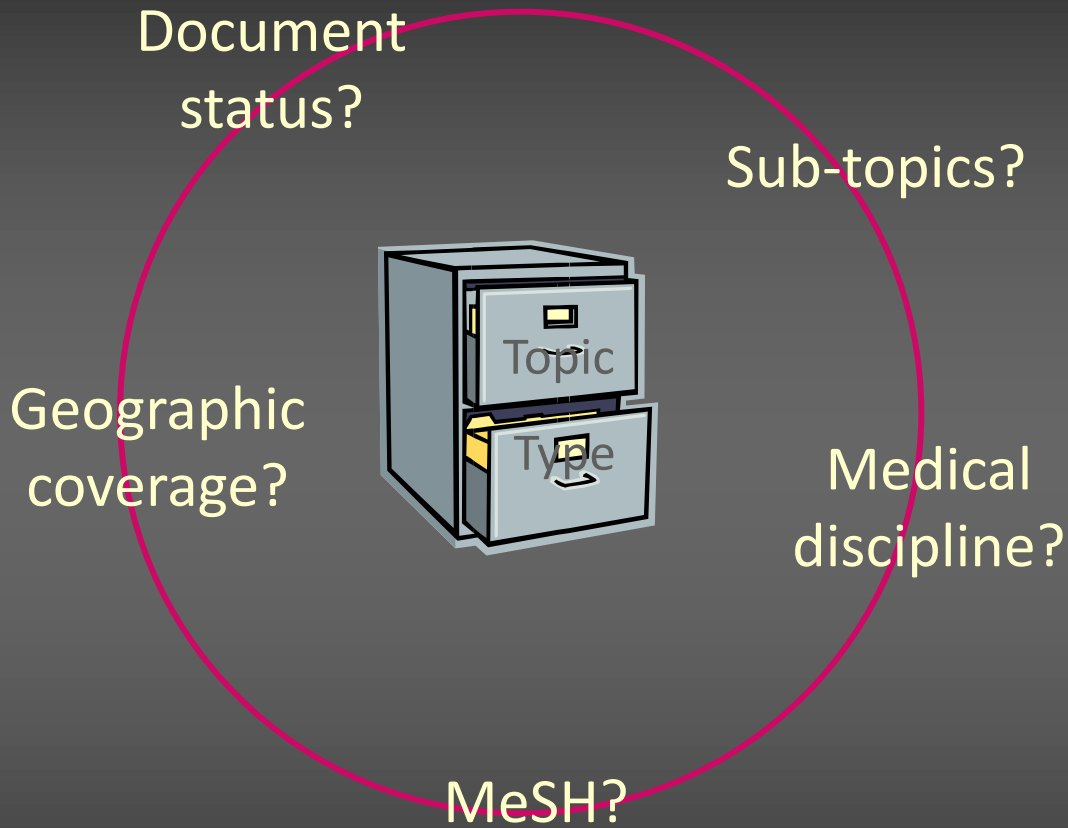
Even so, you won't be wasting your time.
(Remember the *Spotlight* spreadsheet.)

Selecting & Summarising

Selecting, rejecting,
prioritising

Must know
Should know
Could know

Classifying your documents...



Sorting your data...

Click on the Table Tools/Layout tab...

...then click on the Sort icon

Make sure the Header Row button is on

Choose how you want to sort

If you want to sort by Date, make sure your date formats are consistent

Click on OK

ReportPlannerMesseda [Compatibility Mode] - Microsoft Word

Table Tools Layout

Priority	Category	Title	Author	Citation	Date	Abstract & Notes
2	Training	Working with risk [trainers' & practitioners' manual]			2007	
1	Social care reports	Whose risk is it anyway? Risk and regulation in an era of personalisation	Joseph Rowntree Foundation		2011	
3	Service users' & carers' view of risk	Users get ward wise				
2	Social care reports	Updated review of research on risk and adult social care in England	Joseph Rowntree Foundation			
2	Case studies & reports	Tools for the job: why relying on risk assessment tools is still a risky business	L Webb			
2	Social care	The right to take risks:	Joseph Rowntree			

Sort dialog box settings:

- Sort by: Priority, Type: Number, Using: Paragraphs, Ascending
- Then by: Category, Type: Text, Using: Paragraphs, Ascending
- Then by: Date, Type: Date, Using: Paragraphs, Descending
- Header row: Header row, No header row

Page: 1 of 11 Words: 1,743 English (United Kingdom) 100%



NOW TRY THIS...

Go back to **Report Planner 1** in the **NHS Practicals** folder and try assigning priorities to each record.

You can sort and re-sort the records as often as you like as you go along.

If you have time, you could also try categorising them; you can use the categories that we've suggested or devise your own – but do make sure you've prioritised all the documents first.

If you find the task too tricky or time-consuming, you'll find a file called **Report Planner 2** in the **NHS Practicals** folder.

In this file, the records have already had priorities and categories assigned to them.

But you may disagree with our choices – so do try your own version first!

Selecting & Summarising

Deciding what
to say

Strategic reading
Summarising documents effectively
Telling your story

Rupert Bear –
excellently signposted...

Document title
(indicative)



Page heading (4-word
informative abstract)

Verse couplets (50-word
informative abstract)

Full text - 171 words



Rupert and the Power Flower

RUPERT FINDS A FLOWER



*Triumphantly the dove's cries ring
But from its beak it drops something.*

*Rupert's very surprised to find
It's left some sort of flower behind.*



*He's just about to sniff it when
The dove comes zooming back again.*

*"Hello!" cries Rupert but the bird
Now flies away at his first word.*

"I can't believe it!" gasps Rupert. "Who ever heard of a hawk being chased by a dove?" Just then the dove gives a cry of triumph and the thing in its beak falls to the ground. Leaving his shopping trolley for a moment, Rupert runs forward to find a flower lying on the grass. He picks it up and finds that, although it looks pretty and delicate, its stem and leaves feel tough and strong. "How strange!" he thinks. "I wonder if it has a very strong scent?"

Before he can sniff the flower, though, Rupert hears a fluttering of wings and looks up to find that the dove has come back again. As it flies towards him he waves and holds up the flower to show the bird that he has found it. At this the dove flaps its wings in alarm, turns, and flies away high over the treetops. "I wonder why it has suddenly become so timid?" thinks Rupert. "I was only going to offer to return its flower."

49



Write

Newspaper signposting works like this...

Headline, standfirst and first paragraph each tell the complete story.

Middle paragraphs provide essential supporting detail

Information becomes less useful the further down you go...

MAN BITES DOG SHOCK

Dogs more likely to be victims than aggressors say scientists

Geneva, Thursday

MILLIONS of years of evolutionary theory have been turned on their head following new findings that dogs are now more likely to be the bitten than the biters.

Researchers at the Institute of Humano-Canine Relations presented their shock findings to a packed meeting of statisticians and dog lovers yesterday.

Sex drive

Answering questions from delegates to the Ministry of Unlikely Statistics conference in Geneva, Professor Jack Russell denied that increased testosterone levels in postmen was behind the change.

"It's more likely to be the effect of selective breeding among some popular types of dog," he said. "Dogs with caring,

Crossheads can be misleading

In press releases...

- Notes to Editors may provide useful background

In magazine articles...

- Headings usually more helpful

- But early paragraphs won't give whole story.



Signposts in longer documents...

Title
Subtitle

Blurb

This essential desk-book will help the information professional become self-sufficient in answering enquiries. Step by step, it guides the reader through all the stages of the enquiry process

Executive summary

Successful enquiry answering takes an analytical rather than a rule-of-thumb approach to the challenge. Instead of learning large numbers of information source by rote, the trick lies in imagining what the final answer will look like and most likely sources and del

Preface or Introduction

Every time I've come to revise this book I've begun by saying 'There's never been a better time to be in the library and information profession. It's still true, but demonstrating how you can add as an information pro

Contents

- 1 What do you really want? 1**
How to make sure you really understand
Avoiding misunderstandings 2
Asking the right questions 5
Agreeing the task 8
- 2 Not too much, now 10**
Too much information

Conclusions or Recommendations or Findings

- * Remember that you don't necessarily have to supply everything you have found.
- * Seize every opportunity to add value; compose your oral answer

wished. The cost of doing something like this is minuscule, but the customer relations value is immense.

Headings

With information presented electronically, the number of ways you can enhance the answer is limited only by your imagination. Electronic delivery of answers to is likely to happen more



Strategic reading – the trick is knowing what to ignore

Use the signposting first

Lies and damned lies



How information professionals can seize the initiative as the trusted third party

Prison Munchausen

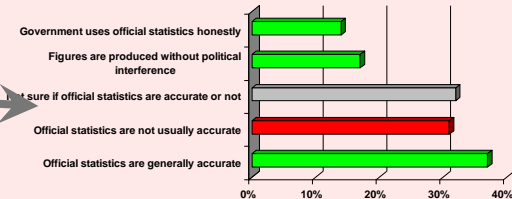
Lack of trust currently seems to be so widespread across both civil society and the economy that it is almost endemic. In some areas, this is only to be expected and its victims have only themselves to blame.

According to research carried out last November for the Office of the Information Commissioner (the regulator of data protection in the UK) only 16% of people were confident that internet sites would respect their personal information.

Trust no-one

Over half were worried that their personal details might be passed on to unknown organizations, and a fifth had little confidence in retailers or telecoms companies.

We can afford to be pretty relaxed if civil society chooses to be suspicious about the use of commercial data. But when it is also suspicious of data collected on its behalf by the Office for National Statistics, that is cause for serious concern.



In fact, the ONS does seem to get a fairly clean bill of health as far as perception and trust are concerned. Its last survey of public confidence [7], showed 37% of respondents agreeing that its figures were generally accurate, with 31% disagreeing and 32% unsure.

However, when it came to the perception of political interference in official statistics, the picture was radically different. Only 17% of respondents believed that official figures were produced without political interference, and just 14% thought that

Only 17% believed official figures were produced without political interference



Strategic reading – the trick is knowing what to ignore

Look for capitalised words, abbreviations, numerals (and words in italic and bold too?)

Read down the middle of the page (or bounce your eye from left to right)

Concentrate on spotting unusual words?

Lack of trust currently seems to be so widespread across both civil society and the economy that it is almost endemic. In some areas, this is only to be expected and its victims have only themselves to blame

According to research carried out last November for the Office of the Information Commissioner (the regulator of data protection in the UK) only 16% of people were confident that internet sites would respect their personal information.

Over half were worried that their personal details might be passed on to unknown organizations, and a fifth had little confidence in retailers or telecoms companies.

We can afford to be pretty relaxed if civil society chooses to be suspicious about the use of commercial data. But when it is also suspicious of data collected on its behalf for purposes of good governance, that is cause for serious concern.

In fact, the Office for National Statistics does seem to get a fairly clean bill of health as far as perception

and trust are concerned. Its last survey of public confidence showed 37% of respondents agreeing that ONS figures were generally accurate, with 31% disagreeing and 32% unsure.

However, when it came to the perception of *political* interference in official statistics, the picture was radically different. Only 17% of respondents believed that official figures were produced without political interference, and just 14% believed that the Government used official figures honestly. As before, the reality is largely irrelevant and the perception is everything.

Last November the Chancellor of the Exchequer, Gordon Brown, announced that the ONS would be made fully independent of Government, to remove any suspicion over official figures.

But again, even this may be insufficient. A perception of interference, reinforced by years of political spinning of figures on crime, health and the economy, is enough to damage that essential trust between a government and its citizens, without which society cannot function.

Read the first sentence of every paragraph



Read from print – not
from a screen

Paris
in the
the Spring



Write

NOW TRY THIS...

Navigate through the executive summary of the report *The Impact of Leadership Factors in Implementing Change in Complex Health and Social Care Environments*.

You'll probably find this pretty hard to do in the 5 minutes or so we're going to allow. But don't worry – once you understand some of the principles of strategic reading it's easier than you think.

Just one tip: You don't need to scan the text from beginning to end – or even in the right order.

How you might tackle it...

More helpful
than the title?

Conclusions,
Recommendations
or Findings here?

This is the font
we need to look
out for...

EXECUTIVE SUMMARY

In summarising the findings of this national, longitudinal study of the relationship between quality of leadership in Mental Health Crisis Resolution Teams (CRTs) and both staff attitudes and well-being, and organisational performance, we would like to address three principal questions:

- What did we set out to achieve?
- What did we find?
- What are the implications?

What did we set out to achieve?

1. The development of CRTs over the past decade, and the policy initiatives to mainstream these crisis services across England, presented an ideal backdrop against which to examine policy implementation and the impact of leadership on the functioning and performance of these teams.

How you might tackle it...

Page vi - here's
the first section
we need to check.

So start looking
through the
subheadings...

What did we find?

Relationship between leadership and staff attitudes and well-being:

19. Leadership quality, as measured by each of the 3 scales, was significantly positively correlated with each of the 12 facets of staff attitudes to work and their well-being at work. In other words, the leadership behaviours categorised as 'Engaging with Others', 'Visionary Leadership, and 'Leadership Capability', had a positive effect on staff.
20. Further analysis of these relationships revealed strong predictive links between 'Engaging with Others' and each of the 12 facets, and between 'Visionary Leadership' and 6 of the facets, and 'Leadership Capability' and 4 of the facets. This suggests that leadership behaviours that involve 'engagement' have much the greatest impact on staff's attitudes to work and their well-being at work.

Relationship between leadership and organisational performance:

21. At the level of whole teams, there was some evidence to suggest that organisational performance, defined in terms of 'ratio' scores (ratio of assessments to referrals), but not when defined in terms of 'change' scores, was positively associated with 'Engaging with Others'.

No such relationships were found involving either 'Visionary Leadership', or 'Leadership Capability'.

How you might tackle it...

Page ix - this looks like a good place to start reading the text.

We can use these 2 paras to start drafting our summary.

But we still don't know what the 'three aspects' are.

Perhaps they're listed at the start of this section (page vi).

Yes! Here they are.

Overview of findings:

38. Overall, the results indicate that, while the three aspects of leadership studied were positively associated with staff attitudes and well-being, to a greater or lesser extent, only 'engaging' leadership behaviours were a significant **predictor** of organisational performance.
39. Furthermore, both the quantitative and qualitative data point to the significant effect of contextual factors on organisational performance.

What did we find?

Relationship between leadership and staff attitudes and well-being:

19. Leadership quality, as measured by each of the 3 scales, was significantly positively correlated with each of the 12 facets of staff attitudes to work and their well-being at work. In other words, the leadership behaviours categorised as 'Engaging with Others', 'Visionary Leadership', and 'Leadership Capability', had a positive effect on staff.

How you might tackle it...

Now let's check the subheadings in the Implications section (starting on page ix) to see if any might help our reader reach a decision, make a recommendation or take action....

This looks like a good one because it appears to refer to actions or outcomes....

So try the first sentence or phrase of each paragraph. Most of them offer advice that your reader could act upon.

Tim Buckley Owen

Policy implementation and the introduction of new services

51. Service development policies should not be too prescriptive, as with the case of the MHPIG (1999); prescriptive policies ignore the local context and, as such, enforce teams to conform to a model that may not best fit their requirements. As such, policies should describe the reasons and desired outcomes of change rather than providing very detailed instructions on how the change should be achieved.
52. Human resource considerations: when introducing a new service, policy makers should consider the best means by which to create positive attitudes amongst staff, generating a sense of purpose, ownership and commitment to work.
53. HR professionals play a key role in building leadership capacity, by being actively involved in advising and scrutinising current selection, promotion, leadership development, and appraisal processes adopted by organisations, to ensure that they not only include competencies, They should also be informed so that they can influence and 'educate' their colleagues as to why this is so important to the business of the quality of delivering healthcare.
54. A 'whole systems' approach to service provision was found to be a key element of successful inter-agency working; such an approach should be promoted as it is evident that good relationships between different agencies are crucial to improving crisis care.
55. Policy makers should reconsider the outcomes or performance targets expected of mental health services, such as admissions to hospitals, focusing instead on staff and service user satisfaction and other indicators of good quality mental health care.

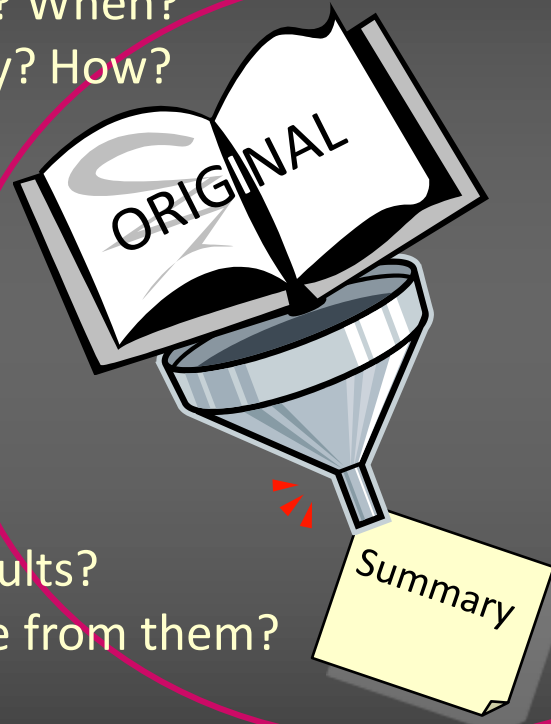
What should your summary achieve...?

Either...

Who? What? When?
Where? Why? How?

Enabling your reader to...

Reach a decision
Make a recommendation
Take action



Or...

Who did it?
What did they do?
What were the results?
What actions arose from them?

And helping them to decide they...

Need to read the original
Can rely on the summary for now
Don't need to read the original



NOW TRY THIS...

Now it's your turn!

Using your own strategic reading techniques, write a 100-word summary of *The Impact of Leadership Factors in Implementing Change in Complex Health and Social Care Environments*.

You don't necessarily have to draw on the same content as I've done; my version is just to demonstrate the principle. Instead, reach your own decision on which bits of the original you think would be most useful to your reader.

You have 20 minutes to complete this task.

Here's my version...

It's just over 100 words long and draws on 8 of the report's 58 paragraphs (plus the opening para).

Your version may be different - that's fine!

But it should enable your reader to...

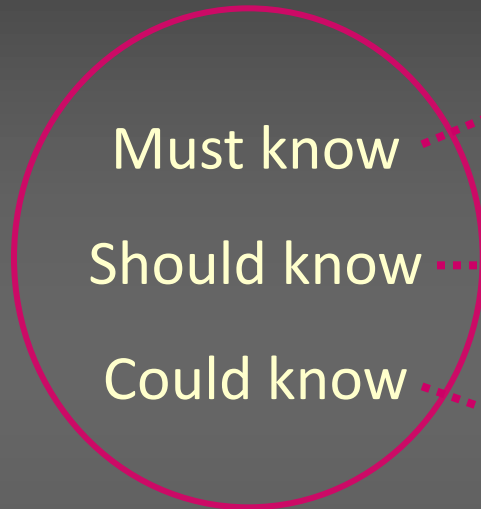
- Decide they need to read the original - or...
- Decide your summary is sufficient for now - or...
- Decide they don't need to read the original at all.

Tim
Buckley Owen

These are all
good outcomes.

A study of leadership quality in Mental Health Crisis Resolution Teams found that engaging with others, vision and capability all affected staff attitudes and well-being, but that only engaging behaviours significantly predicted organisational performance. Contextual factors also affected performance. This implies that service development policies should not be too prescriptive. When introducing a new service, policy makers should consider how to generate a sense of purpose, ownership and commitment among staff, and Human Resources should actively build leadership capacity. A 'whole systems' approach to service provision is a key element of successful inter-agency working, and policy makers should reconsider the outcomes or performance targets expected of mental health services.

Summarising multiple documents...



Conclusions
Recommendations
Findings
(from abstract or extract in
Search Results)

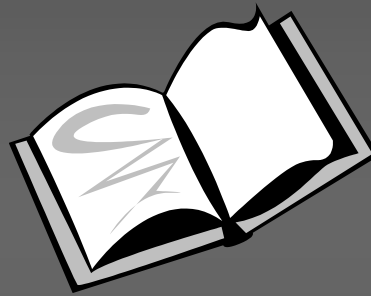
Categories or
(possibly) Titles

Indicate nature & status?
Note their existence?
Ignore altogether?



Ways to tell your story...

Thesis
Antithesis
Synthesis



Timeline

Tell them...
Tell them...
Tell them...

Inverted
pyramid



NOW TRY THIS...

In your **NHS Practicals** folder, open **Report Planner 3**.

In this version, only the Must Know documents are shown, and they've had abstracts or extracts added as well.

(Normally you'd be able to see the Should Know and Could Know documents as well – but we've left them out this time to make the exercise more straightforward.)

We've also sub-classified the Must Know documents to suggest the order in which you could summarise them – but you can disagree and re-order them if you wish.

Now draft your summary. We recommend no more than one or two sentences per Must Know document, showing the crucial message that each document conveys – in other words the conclusion, recommendation or finding.

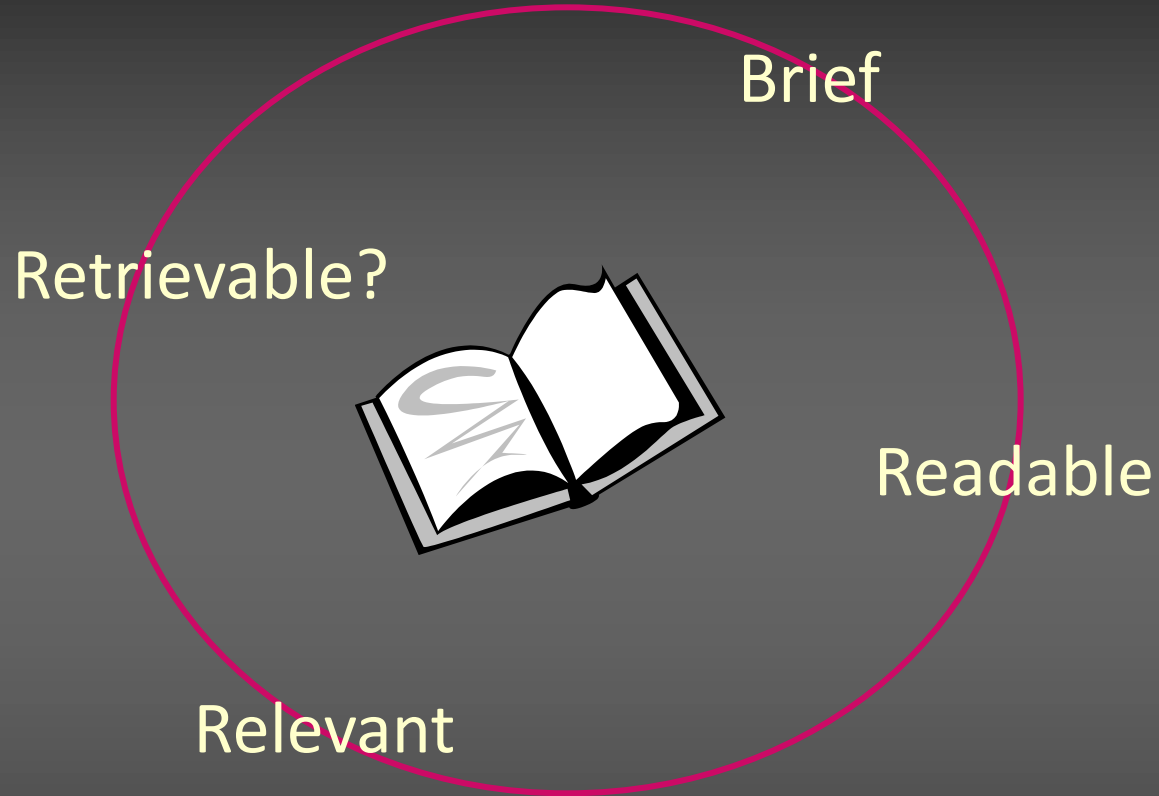
We'll think about the Should Know and Could Know documents later; meanwhile remember: **this is only a draft.**

Selecting & Summarising

Polishing
your draft

*Making your disjointed text
coherent and fluent*

Make sure your story is...



TRY THIS...

First, read through your own summary to make sure that it's brief, readable, relevant and (if necessary) retrievable.

No matter how good you think your first draft is, you'll almost certainly be able to improve it yourself.

Then swap drafts with your neighbour and have a go at theirs – you'll probably be able to find even more things to improve on than they have.

Selecting & Summarising

Adding value – what to supply

Ways to get your reports noticed and read
What to deliver to your enquirer

Ways to add value...

Main findings

In 2007 the Department of Health produced best practice guidance for everyone involved in supporting adult community care in supporting a balance between independence, choice and risk. Subsequent Health Department guidance in 2010, focusing on people with dementia, both reviewed the evidence on the risks involved and provided a framework for managing and assessing it.

Summarizing this later guidance, in the *Journal of Dementia Care* in 2011, [Dunlop](#) and [Horton](#) reviewed the range of risks a person could be considered acceptable risk, noting that the underlying principle was to enable people with dementia to remain as much control over their lives as possible.

Also in 2011, the Commission Skills for Care argued that using human rights-based approaches offered one method of achieving positive risk management based on its own existence of five groups of people with learning disabilities and complex needs: *Formal care settings*; *in the community*; *Enabler*; in *Health Care Risk Report* (2010), [Horan](#) described the characteristics of *best practice* and a *structured approach to risk decision making*.

In 2007 in *Paediatric Nursing*, [Lewis](#) and [Morris](#) offered similar best practice guidance for multidisciplinary multi-agency teams to enable children with complex needs to lead "ordinary lives" at home, but noted that the views of professionals and family members often diverged in relation to the management of risks.

However, evaluating the suitability of a *frailty assessment tool* and *guideline*, [Webb](#) argued in the *Journal of Psychiatric and Mental Health Nursing* in 2012 that the needs of people with long term mental health and substance abuse could not properly be measured by checklist based on patient consultation and that clinicians needed to understand the tools they used.

Finally, updating an earlier review of research into the incidence and management of falls in residential care in England, in 2012, the [Joseph Rowntree Foundation](#) found, in its research on the experience of fall victims among service users, such as those from the black and minority ethnic communities, and particularly that there seemed to be little evidence on what constituted good practice in balance, tripping and protection.

Further results

The literature search produced a total of 659 results, which we have categorized as follows:

- National guidance
- Care studies & reports
- Local NHS Trust studies
- Risk enablement tools
- Service user involvement
- Service users' & carers' views of risk
- Social care reports
- Training
- Other reports

Discarded items

On reviewing the search results, we also felt that a few of the documents reviewed were of little relevance to the question and could likely be discarded.

Main findings

In 2007 the Department of Health produced best practice guidance for everyone involved in supporting adult community care in supporting a balance between independence, choice and risk. Subsequent Health Department guidance in 2010, focusing on people with dementia, both reviewed the evidence on the risks involved and provided a framework for managing and assessing it.

Summarizing this later guidance, in the *Journal of Dementia Care* in 2011, [Dunlop](#) and [Horton](#) reviewed the range of risks a person could be considered acceptable risk, noting that it was to enable people with dementia to remain as much control over their lives as possible.

Also in 2011, the Commission Skills for Care argued that using human rights-based approaches offered one method of achieving positive risk management based on its own existence of five groups of people with learning disabilities and complex needs: *Formal care settings*; *in the community*; *Enabler*; in *Health Care Risk Report* (2010), [Horan](#) described the characteristics of *best practice* and a *structured approach to risk decision making*.

In 2007 in *Paediatric Nursing*, [Lewis](#) and [Morris](#) offered similar best practice guidance for multidisciplinary multi-agency teams to enable children with complex needs to live at home, but noted that the views of professionals and family members often diverged in relation to the management of risks.

However, evaluating the suitability of a *frailty assessment tool* and *guideline*, [Webb](#) argued in the *Journal of Psychiatric and Mental Health Nursing* in 2012 that the needs of people with long term mental health and substance abuse could not properly be measured by checklist based on patient consultation and that clinicians needed to understand the tools they used.

Finally, updating an earlier review of research into the incidence and management of falls in residential care in England, in 2012, the [Joseph Rowntree Foundation](#) found, in its research on the experience of fall victims among service users, such as those from the black and minority ethnic communities, and particularly that there seemed to be little evidence on what constituted good practice in balance, tripping and protection.

Main findings

In 2007 the Department of Health produced best practice guidance for everyone involved in supporting adult community care in supporting a balance between independence, choice and risk. Subsequent Health Department guidance in 2010, focusing on people with dementia, both reviewed the evidence on the risks involved and provided a framework for managing and assessing it.

Summarizing this later guidance, in the *Journal of Dementia Care* in 2011, [Dunlop](#) and [Horton](#) reviewed the range of risks a person could be considered acceptable risk, noting that the underlying principle was to enable people with dementia to remain as much control over their lives as possible.

Also in 2011, the Commission Skills for Care argued that using human rights-based approaches offered one method of achieving positive risk management based on its own existence of five groups of people with learning disabilities and complex needs: *Formal care settings*; *in the community*; *Enabler*; in *Health Care Risk Report* (2010), [Horan](#) described the characteristics of *best practice* and a *structured approach to risk decision making*.

In 2007 in *Paediatric Nursing*, [Lewis](#) and [Morris](#) offered similar best practice guidance for multidisciplinary multi-agency teams to enable children with complex needs to lead "ordinary lives" at home, but noted that the views of professionals and family members often diverged in relation to the management of risks.

However, evaluating the suitability of a *frailty assessment tool* and *guideline*, [Webb](#) argued in the *Journal of Psychiatric and Mental Health Nursing* in 2012 that the needs of people with long term mental health and substance abuse could not properly be measured by checklist based on patient consultation and that clinicians needed to understand the tools they used.

Finally, updating an earlier review of research into the incidence and management of falls in residential care in England, in 2012, the [Joseph Rowntree Foundation](#) found, in its research on the experience of fall victims among service users, such as those from the black and minority ethnic communities, and particularly that there seemed to be little evidence on what constituted good practice in balance, tripping and protection.

Further results

The literature search produced a total of 659 results, which we have categorized as follows:

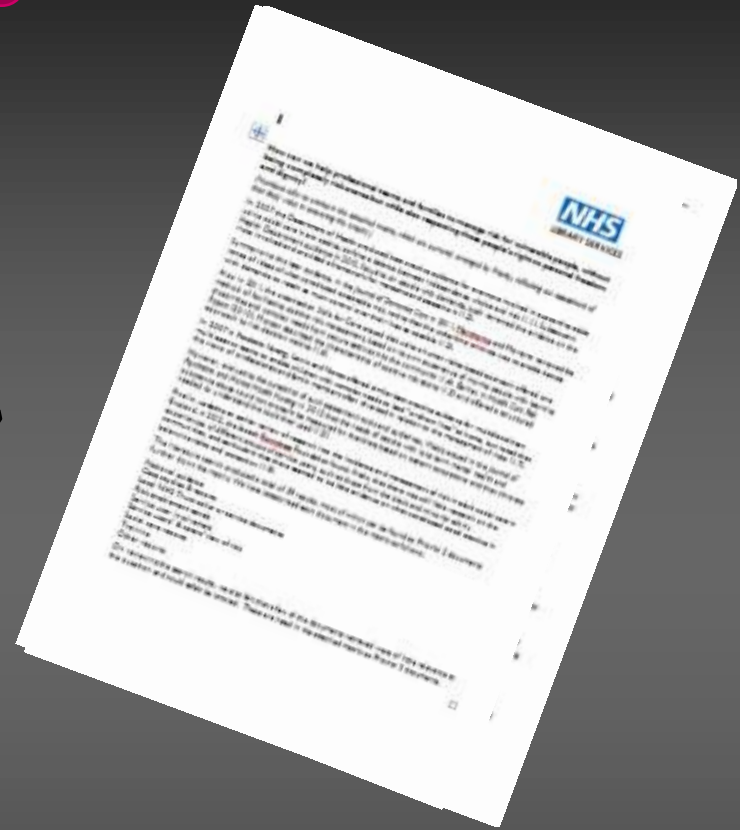
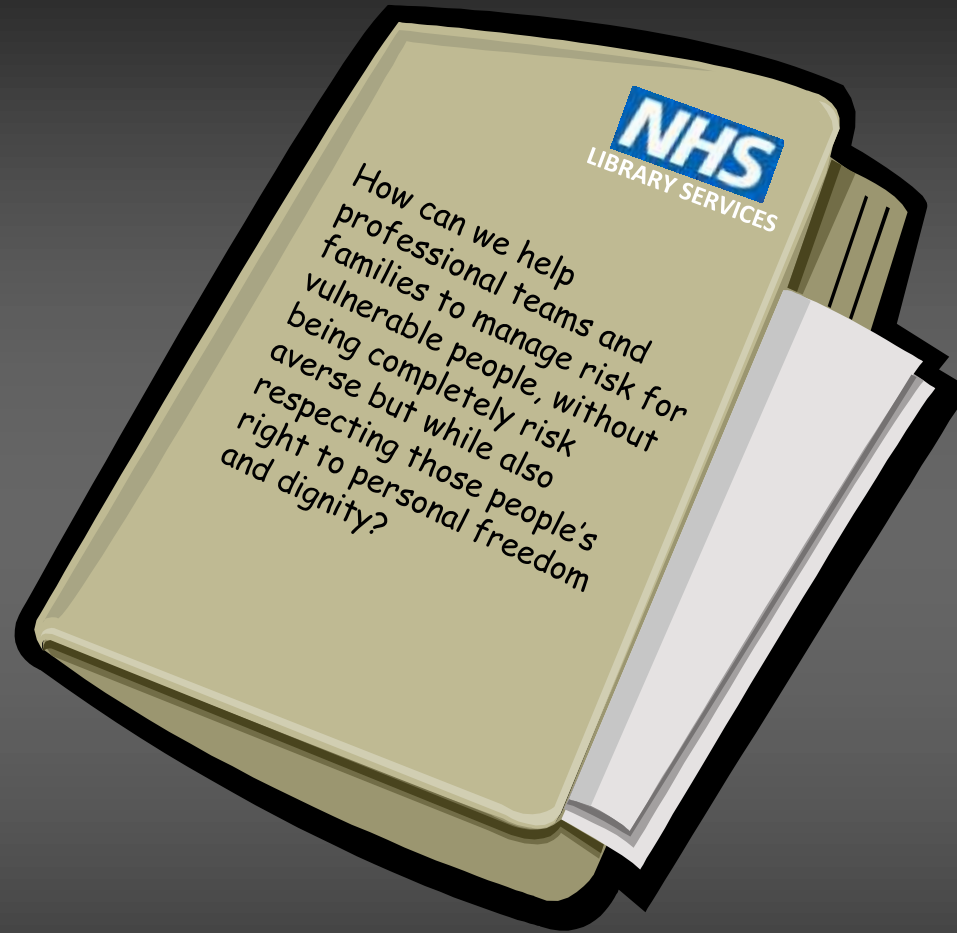
- National guidance
- Care studies & reports
- Local NHS Trust studies or service documents
- Risk enablement tools
- Service user involvement
- Service users' & carers' view of risk
- Social care reports
- Training
- Other reports

Discarded items

On reviewing the search results, we also felt that a few of the documents reviewed were of little relevance to the question and could likely be discarded.



And finally – what to supply...



Key messages

1. Remember POWER and KISS.
2. Urgent and vital are not the same thing.
3. Make your search results manipulable.
4. Must know, should know, could know.
5. Strategic reading and story structure.
6. Your first draft won't be good enough.
7. Branding and lay-out get your work noticed and read.



TO FINISH...

Have you got what you needed out of today?

Did you learn anything you didn't expect?

Is there anything you needed that we didn't cover?

Any final queries or comments?

Do you know what you need to do next?

Thank you!

Hope you've had a useful day.

Hope it's been fun.

Please fill in your evaluation form.

And enjoy your information career -
whatever form it takes.

Tim Buckley Owen

