



Talking Points

Personal outcomes approach

Practical guide

Ailsa Cook and Emma Miller

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Preface

In recent years there has been a growing commitment across the health and social care system to focus on the outcomes important to people using services and support and their carers. This attention to individual outcomes puts the person at the centre of their services and support and ensures that organisations are focussed on the difference they make to people's lives as well as the activities undertaken. In a climate of limited resources, being clear about what makes a difference to individuals is more important than ever.

Within Scotland, the Joint Improvement Team's Talking Points programme has provided a clear focus for activity around outcomes. This programme has been grounded firmly in the evidence as to which outcomes matter to people using health and social care services and their carers. The work started in 2006 as a small scale enquiry into how a focus on user outcomes could inform the process of setting Local Improvement Targets. This early work captured the passion and enthusiasm of a group of people working across policy, practice and research to refocus on what matters to individuals. Collaborative work taken forward by this group has led to the development of an overall approach to engaging with individuals using services and their carers to support a shift in practice. In turn, this has led organisations to revisit how they do core business.

Since 2006 the JIT has been gathering evidence from practice and developing a wide range of resources to support the development and implementation of outcomes based working. Adopting a personal outcomes approach has been found to support a range of policy priorities including personalisation, an assets approach to health and wellbeing and the development of more enabling ways of working. Most recently, work to prepare for the Integration of Health and Care in Scotland has led to the development of a suite of Outcomes for Integration. The continued development and implementation of Talking Points will have an important role to play in ensuring that outcomes for individuals feature prominently in this framework and can be meaningfully measured. At the same time, the Quality Strategy work to develop a Person Centred Health and Care Programme is linking closely with the plan to roll out a Personal Outcomes Approach throughout Scotland and this will build on the experience and learning of the Talking Points work to date.

This document brings together learning from practice, systems, culture and performance in a practical guide aimed both at organisations new to outcomes as well as those further down the road to becoming an outcomes focussed organisation.

We hope that presenting the key learning of the last 6 years in this way will provide a useful reference and guide for people working to put personal outcomes at the heart of what they do day to day. In this way, the guide builds on the wealth of information available on the JIT website¹. We commend it to you and look forward to further learning with you as we build on this firm foundation.

Margaret Whoriskey (Director) and **Chris Bruce** (Lead for Outcomes), Joint Improvement Team

1 JIT website: <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

About this guide

This guide has been developed by the Joint Improvement Team to support the continued implementation of the Talking Points: Personal Outcomes Approach. While the Talking Points approach was developed primarily with reference to health and social care, it is increasingly evident that many of the principles and practice issues are relevant to outcomes based working across service sectors. This guidance should therefore be of interest to a wider audience. This document provides an overview of Talking Points and practical guidance to support organisations to embed personal outcomes at the heart of their core business. The guide draws together evidence from research and practice and presents an overview of the key messages and learning from that work.

Chapter 1 defines what we mean by a personal outcome and introduces the Talking Points approach. The three core elements of the approach are examined in detail in chapter 2, which brings together learning from implementation to date to make recommendations for best practice. Chapter 3 looks at the implementation of outcomes focussed approaches from an organisational perspective and highlights lessons for organisations seeking to take forward the approach. Chapter 4 considers the Talking Points approach in relation to the wider policy context and the future agenda for public services in Scotland. The guide is designed to sit alongside the many resources available on the JIT website, and references to these, and relevant resources developed by other organisations, are made where applicable. Throughout the guide text boxes provide an overview of concepts and debates underpinning the outcomes approach. The guide also includes a number of case studies to illustrate the difference taking an outcomes approach makes in practice. This document is aimed at those leading and managing the changes required, but can be read by anyone interested in outcomes.

A key feature of the Talking Points Programme has been the extent to which organisations engaged in this work have benefited from opportunities to share learning with each other. To facilitate this, an online community of practice was established in 2009. In addition, staff and managers have consistently identified that opportunities to come together and learn from the experiences of others have been invaluable and such opportunities should ideally be made available both within and between organisations.

The Joint Improvement Team sees the continued development of the Personal Outcomes Approach as one of its key priorities for the months and years ahead. We seek to embed this at the heart of all of our practical support to partnerships. Focussing on personal outcomes is clearly a critical success factor for our two linked main programmes of work - Reshaping Care for Older People and the Integration of Health and Social Care.

Chapter 1

Introduction to the Talking Points: Personal Outcomes Approach

The term 'outcome' is now in common usage in health and social care, reflecting a commitment to ensure systems support people using services and unpaid carers in ways that are person centred and effective. Despite the prevalence of the term, confusion exists about what is meant by an outcome and in particular by 'personal outcomes'. This introductory chapter seeks to bring some clarity, defining outcomes and introducing Talking Points. This chapter then goes on to identify issues for consideration by individuals and organisations seeking to implement an outcomes approach.

Key Points

- » Talking Points: Personal Outcomes Approach is an evidence based organisational approach that puts people using services and unpaid carers at the centre of the support they receive.
- » Outcomes are defined as what matter to people using services, as well as the end result or impact of activities, and can be used to both determine and evaluate activity.
- » Personal outcomes are identified through good conversations with people using services during assessment and support planning. It is also critical that the outcomes are reviewed, to ensure the continued relevance of support and services, and to support service planning, commissioning and improvement.
- » The outcomes important to people using services and their unpaid carers are well understood through research and are summarised in three Talking Points Outcomes Frameworks.
- » Focussing on outcomes for individuals demands that organisations move away from service led approaches and challenges them to think and act in a person centred way, drawing on the person's own assets, strengths and capacity.
- » Implementing personal outcomes approaches such as Talking Points supports organisations to deliver on policy goals, including increased independence, personalisation, enablement, prevention, improved integration and a shift in the balance of care from hospital to the community.

What is the Talking Points: Personal Outcomes Approach?

Talking Points: Personal Outcomes Approach is an evidence-based, organisational approach that puts people using services and their carers at the heart of their support. At the centre of the approach is a conversation with an individual using services or unpaid carer that seeks to understand the extent to which they are achieving the outcomes important to them in life. These conversations form a core part of relationship building between practitioners, people who use services and their families. This **engagement** about outcomes is the essential first step in implementing outcomes based working. Secondly, there is the **recording** of relevant outcomes identified through the conversation in the support plan, to enable the person to work towards their outcomes. At a later point it is essential that the outcomes be reviewed with the individual to assess progress and to find out if any changes to the plan are required. Thirdly, information recorded from these conversations should be collated, analysed and used to inform decisions at an organisational level in relation to the planning and commissioning of services. This **use of information** puts outcomes for individuals at the centre of decision making processes and ensures that improvements are driven by the priorities of service users and carers. These three key elements form the cornerstones of the approach; engagement, recording and use of information. The way in which these elements are implemented in practice is informed by evidence as to the outcomes that matter most to people. Central to the Talking Points approach are three frameworks that summarise the outcomes important to people using services, unpaid carers and people living in care homes. Before looking at these frameworks it is important to be clear by what is meant by an outcome.

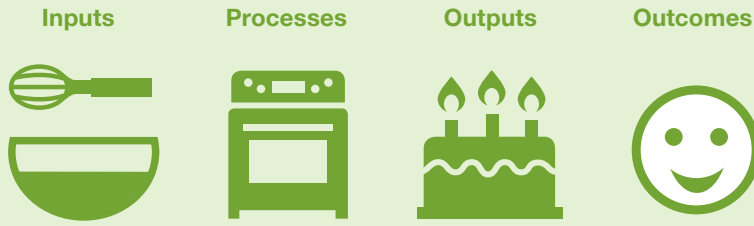
Defining outcomes

Outcomes are commonly defined as the impact of activity or support and services. While this is a key component of defining outcomes, experience has shown that an exclusive focus on evidencing the results achieved by services can limit the benefits of an outcomes approach. To maximise the person-centred and enabling potential, personal outcomes should primarily be understood as **what matters to the person**. So the starting point is to work with the individual to define what is important to them, and to plan activities and support from there. At a later stage it is possible to review whether outcomes have been achieved, to measure progress, and to amend the plan.

Outcomes are often characterised as being the result of a chain events that include an input (resource), process (activity), output (service) and outcome (impact on person's life) (see box 1). Therefore at an organisational level, focusing on personal outcomes involves moving the primary focus from service priorities to what matters to the person and the difference made to people (outcomes).

Box 1. Understanding Outcomes – baking the cake

Getting to grips with what is meant by the term outcomes can be challenging for everybody involved. Organisations taking forward Talking Points have used analogies to help develop the understanding required. The most popular has proven to be the ‘cake analogy’.



As this diagram illustrates, the *inputs* to the system can be compared to the ingredients needed to make a cake. Not only do the correct ingredients need to be in place, but in the right quantities and quality. The mixing and baking of the cake are the *processes* in the system, and attention needs to be paid to temperature and allowing sufficient time in order to get the quality of *output* required, the cake. The desired *outcome* of these events is the happy child on their birthday. However, we can't be sure we have got it right unless we go back and check with the child. Hopefully the child was happy but it could be that they were disappointed because their parent spent all day making the cake instead of spending time with them!

The following table illustrates how this analogy translates into a service setting.

	CAKE	SERVICES
INPUTS	Sugar, flour, eggs	Staff, training, IT systems
PROCESSES	Mixing, baking	Assessing, referring
OUTPUTS	Cake	Provision of service
OUTCOMES	Happy child	Impact on service user/carer

By approaching the provision of services and supports in this way, outcomes focussed organisations put people at the centre. This goes some way to address the challenges of activists, researchers, people using services, unpaid carers and practitioners who, drawing on the social model of disability, highlight the need for services to include people in making choices, living a normal life and building on their own strengths. Thus outcomes focussed approaches are inherently ‘person centred,’ continuing the work carried out in this area, particularly in the fields of learning disability and dementia.

This approach resonates well with current policy, which is focussed on co-production, enablement and prevention of crisis, an issue that is discussed further in chapter 4. A focus on outcomes is an explicit goal of recent policies across England, Scotland and Wales, some of which are set out in Table 1.

Table 1. References to personal outcomes in policy

Policy	Reference to outcomes
Scotland	
Quality strategy (2010)	Use of Talking Points identified as supportive of person centred ambition.
Reshaping care for older people (2010)	Promoting outcomes focussed assessments and care plans an explicit objective.
Self directed support strategy (2010) and bill (2012)	Outcomes focussed assessment identified as foundation for self-directed support.
Carers strategy (2010)	Improving rates of outcomes focussed carers assessments explicit objective of policy.
Dementia Strategy (2010)	Outcomes focussed approaches identified as supporting personalisation and rights of people with dementia, particularly in context of post diagnostic support.
SWIA Performance Inspection Model (2009)	Outcomes for people who use services identified as integral to effective delivery and performance monitoring.
England	
Living Well With Dementia: A National Dementia Strategy (2009)	Focus on improving health and social care outcomes for people with dementia and their carers, with emphasis on the role of commissioning.
Recognised, Valued and Supported: Next Steps for the Carers Strategy (2010)	Sets out the strategic vision and outcomes for carers.
Transparency in Outcomes: A Framework for Quality in Adult Social Care (2011/12)	Sets out the plans for measuring outcomes in adult social care in England.
Healthy Lives Healthy People Strategy for Public Health (2011)	Focus on local innovation, partnership with industry and personalisation to deliver the best outcomes and help build the Big Society.
Wales	
Fulfilled Lives Supportive Communities Commissioning Framework (2008)	Focus on outcome focussed and collaborative commissioning.
Sustainable Social Services in Wales (2011)	Focus on professional practice based on relationships and outcomes.
Carers Strategy for Wales Action Plan (2007)	Focus on improved outcomes for carers in Wales.
Strategy for Older People in Wales (2008-13)	An holistic and strengths based approach to supporting older people and recognising their contribution to society.

Which outcomes: the Talking Points Outcomes Frameworks

Over the past 15 years researchers have sought to understand the outcomes that are important to people using services and unpaid carers. This research has been summarised in three Talking Points frameworks² that capture the outcomes that are most important to:

- » people using services
- » unpaid carers
- » people living in a care home

The Talking Points Outcomes Framework for people using services classifies the outcomes important to individuals into three broad categories:

Quality of Life outcomes (also known as maintenance outcomes) are the aspects of a person's whole life that they are working to achieve or maintain. Quality of Life outcomes are necessarily attained by working across agency boundaries and by working in partnership with the person using the service, their family and local community.

Process outcomes relate to the experience that individuals have seeking, obtaining and using services and supports and can have a significant influence on the extent to which other outcomes are achieved.

Change outcomes relate to the improvements in physical, mental or emotional functioning that individuals are seeking from any particular service intervention or support. For some people it might be possible to identify a point where the change has been achieved and then the focus moves on to maintaining a good quality of life. For others it may be necessary to focus on small changes over short timescales, particularly when managing symptoms of progressive illness or towards the end of life.

Table 2: Outcomes important to people using services

Quality of Life	Process	Change
<ul style="list-style-type: none"> • Feeling safe • Having things to do • Seeing people • Staying as well as you can • Living where you want/as you want • Dealing with stigma/discrimination 	<ul style="list-style-type: none"> • Listened to • Having a say • Treated with respect • Responded to • Reliability 	<ul style="list-style-type: none"> • Improved confidence/morale • Improved skills • Improved mobility • Reduced symptoms

This framework of fifteen outcomes has been used in practice and research settings with thousands of people across a wide range of services. This experience has shown that the outcomes are sufficiently high level to be able to capture most issues of importance to most people. In some cases, experience of using the framework has led to the identification of specific additional outcomes that are relevant for inclusion by particular services. Box 2 summarises additional outcomes that, whilst not universally relevant, merit consideration according to local and service specific requirements.

² A detailed account of the research undertaken to develop these frameworks and the Talking Points approach as a whole is available in Appendix 3 of this guide.

Box 2. Additional Outcomes to Consider...

Quality of Life

Personally clean and comfortable: A person who is unable to carry out their own personal care is personally clean and comfortable, presentable in appearance and has a balanced diet

In a clean and comfortable environment: The immediate environment is clean enough to avoid harm to health and prevent deterioration in morale

Process

Services fit with other sources of assistance / Good fit with cultural and religious preferences: The person feels that services take account of relevant preferences, such as the way tasks are performed, expectations of family, language skills and nature of appropriate food and activities

Change

Improved income: Could be a one-off aim, for example maximising benefit, but if managing finances on a continuing basis were involved this would become a maintenance or quality of life outcome

During the early stages of implementation, it was identified that these outcomes did not sufficiently reflect the priorities of unpaid carers. This prompted the development of a separate framework of outcomes for use with unpaid carers. The carer outcomes framework is based on four categories of outcomes, reflecting the importance to unpaid carers of the quality of life of the cared for person as well as their own quality of life. In addition to process outcomes an additional category of outcome was identified in research: managing the caring role. These outcomes are summarised in Table 3.

Table 3: Outcomes important to unpaid carers

Quality of life cared for person	Quality of life for the carer	Managing the caring role	Process
<ul style="list-style-type: none"> Quality of life for the cared for person 	<ul style="list-style-type: none"> Maintaining health and well-being A life of their own Positive relationship with the person cared for Freedom from financial hardship 	<ul style="list-style-type: none"> Choices in caring, including the limits of caring Feeling informed/skilled/equipped Satisfaction in caring Partnership with services 	<ul style="list-style-type: none"> Valued/respected and expertise recognised Having a say in services Flexible and responsive to changing needs Positive relationship with practitioners Accessible, available and free at the point of need

Most recently the outcomes framework for people using services was examined for its applicability to people living in a care home. This research showed that there were some aspects of life in a care home that were not specifically covered. Furthermore, pilot work with staff and residents in care homes showed that translating the outcomes into 'I' statements helped make the concepts more accessible in these settings. The outcomes important to people living in care homes are summarised in Table 4.

Table 4: Outcomes Important to People Living in Care Homes

Quality of Life	Process	Change
<ul style="list-style-type: none"> I feel safe and secure I see people I have things to do I live in a nice place I live life as I want and where I want I stay as well as I can I belong to a community 	<ul style="list-style-type: none"> I am treated as an individual I am valued and respected I am listened to I have a say in decisions about my care and support I am supported to live well and plan for a good end of life My family and friends are involved if I want I can trust staff and rely on them to respond My privacy is respected 	<ul style="list-style-type: none"> My skills are improved My confidence and morale are improved My mobility is improved My health has improved or my symptoms are reduced I have settled in to where I am living

Relationships between outcomes

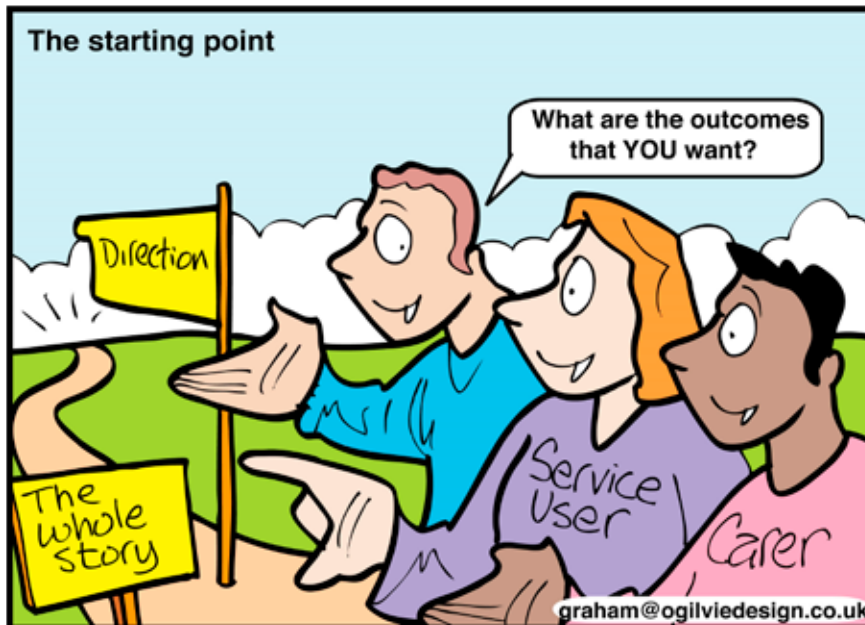
The Talking Points frameworks offer a starting point for understanding what matters to individuals and what can be done to maximise outcomes. Just as individual lives are complex, with one event having many possible consequences, so are relationships between the different outcomes. Any action to impact on one outcome will often have a knock on effect on others. For example a change to supported accommodation might meet an identified outcome such as making the person feel safe. There may be additional outcomes such as helping to build relationships and sustain meaningful activities. This in turn can have a positive effect on confidence, skills, symptoms and mobility. However, these knock on effects can equally work in reverse. For practitioners and organisations it is important to be aware of the impact of service process on quality of life and change outcomes. Research with people using mental health services showed that for some, having a number to call in the event of a crisis, even if never used, was essential in maintaining confidence, feelings of safety and therefore ability to live life to the full (Petch et al, 2007). Equally research with people with learning disabilities showed that where they were not listened to, this not only had an impact on their confidence, but also restricted their options for a good quality of life (Miller et al 2008).

Elements of the Talking Points Approach

Whilst the understanding of outcomes underpinning the Talking Points approach stems from academic research, the Talking Points approach itself is the result of more than six years of development work in practice (outlined in appendix 2.) This led to the identification of three core elements of practice underpinning the approach:

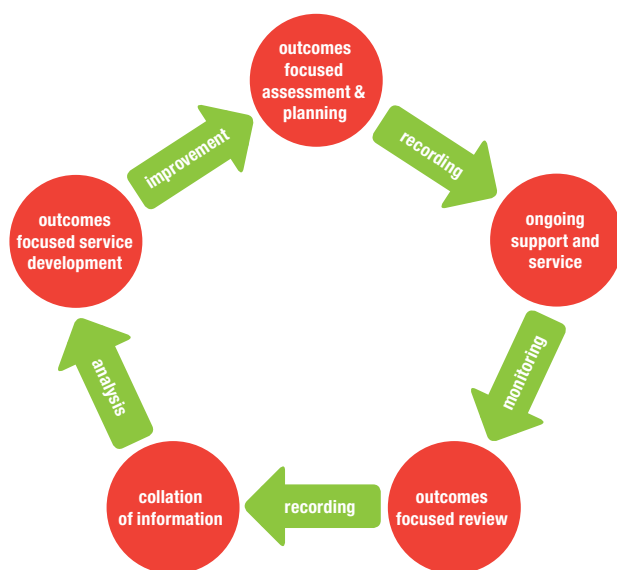
- » **Engagement** with individuals using services and their carers about:
 - what they want to achieve in life
 - the assets, strengths and abilities they and others bring that can help them achieve this
 - the contribution of services and supports to help them achieve this
 - the extent to which outcomes are achieved, what has helped and what has hindered
- » **Recording of information** on outcomes which is primarily gathered through conversations with the individual themselves. This information may be supplemented by reports from others close to the person and professional observations. Information is recorded qualitatively (in open ended boxes), in language meaningful to the person, and may also be summarised using tick boxes.
- » **Use of information** recorded about personal outcomes to inform decision making within the organisation. This includes decisions about:
 - individual packages of care and support
 - service delivery and improvement
 - planning and commissioning of services

An important message from the work to date is that an outcomes approach should not be seen as a 'bolt on', but needs to be embedded into existing practice and systems. What is particular about Talking Points is how these elements are put into practice.



Learning from practice in Scotland has shown that all three of these elements need to be brought together if an outcomes approach is to succeed. Furthermore, the relationship between these elements is not linear, but better understood as a circuit, as illustrated in the diagram (Figure 1.) below.

Figure 1. The Outcomes Circuit



When the circuit is complete, the Talking Points approach can lead to improved outcomes for individuals, practitioners and organisations. People using services have reported a range of benefits, from feeling more listened to and empowered, to improvements in outcomes resulting from more appropriate support. Work with practitioners has shown that they view this approach as consistent with professional values, allowing them to ‘get back to basics.’ Furthermore organisations adopting this approach have not only put into place service improvements based on the outcomes information, but have realised efficiencies.

By starting with the engagement with the individual around the outcomes important to them, organisations can work towards sustainable changes that build on the individual’s own capacity, tailored to that person’s needs, aspirations and circumstances. Whilst the approach requires significant time investment in the short term, longer term savings are achieved by avoiding wasteful use of services that either don’t make the difference to the person required or reduce their independence (Slasberg 2009, Andrews et al 2009). The case study from the Scottish Borders illustrates the benefits that can be achieved.

Box 3. Mathew's Story

Mathew attended a day centre for people with learning disabilities – situated in a semi rural area - three days per week, for years. Mathew is on the autistic spectrum and does not always tolerate noisy environments which can result in high levels of anxiety. Attending a large day centre was therefore inappropriate. Relationships and interaction with other service users were severely limited due to Matthew's anxiety and he spent the majority of his time wandering aimlessly around the building. Mathew's day opportunities placement was reviewed, involving centre staff and his support provider. The review concentrated on identifying positive outcomes for Mathew. In partnership with the Council, the provider identified hours within the existing budget which could be used to provide alternative opportunities. Mathew gradually withdrew from the day centre. The provider redesigned Mathew's support plan to include his interest in trains and other chosen activities.

Mathew's life has totally changed. He is supported on a Tuesday to purchase fruit and vegetables from Aldi's for all the provider's houses in the immediate area. Mathew purchases the goods, delivers the order to each house and collects the money. On a Wednesday, Mathew is supported to pursue his interest in trains; he visits a railway station in the Edinburgh area and has a picnic lunch. On Fridays, Mathew chooses an activity and goes to McDonalds for lunch in the afternoon. As a result of this alternative support, Mathew's confidence has improved, he is more animated and anxiety levels have reduced.

Shifting from being service-led to outcomes focussed

Practitioners commonly respond to outcomes by reflecting that this type of approach 'makes sense'. However, the straightforward nature of outcomes should not belie the complexities of implementation. Every organisation involved in the Talking Points programme has been challenged to review their working practices and to make a significant cultural shift. Moving from service led to outcomes focussed approaches demands that organisations look beyond formal service provision and work with individuals and communities to identify supports and opportunities that can help people achieve their desired outcomes. Table 5. summarises the key differences:

Table 5. Comparing service led and outcomes focussed approaches

Service Led	Outcomes focused
Current tools encourage information gathering through standardised Q and A approaches to assessment, support planning and review	Decision making informed by semi-structured conversations with individuals in assessment, support planning and review
Tick box approach to assessment	Analytical skills involved in assessment
The person's views may be included in decision-making	The person's views/preferences are central to decision-making
The person is viewed as a client, service user or patient	The person is a citizen with rights and responsibilities
Where needs link to strict eligibility criteria, the assessor is required to maximise individual difficulties to access services	Involves consideration of difficulties, limitations and aspirations or goals. The priority is to identify what to work towards
If the person is deemed eligible, identified needs are matched to a limited range of block provided services, resulting in service driven approaches	Identifying outcomes involves considering a range of solutions/strategies including the role of the person, family supports and community based resources
Where needs are tied to eligibility criteria, preventive work with people with low level needs may be excluded	Outcomes allow preventive work to take place while services and resources are prioritised for those most in need
Focusing exclusively on deficits and difficulties, and how needs are to be met, results in a focus on tasks and in services which do things to people	By focusing on strengths, capacities and goals, while mindful of limitations, the role of the person is maximised. Services do things with people

Service Led	Outcomes focused
Matching needs/deficits to services tend to result in static service delivery, with little attention to reviewing relevance	Outcomes may change within the person's life journey and should therefore not be viewed as fixed but revisited
Where outcomes are identified, these tend to be professional or organisational outcomes e.g. improved nutrition, or avoid delayed discharge	Outcomes are what matter to the person, though often consistent with professional and organisational outcomes e.g. being able to get out and about.
Starting from what services are currently available restricts communication and limits options	Starting from the person's priorities supports enabling relationships, creates clarity and identifies goals at an early stage. Being listened to, involved and respected results in better outcomes

(from Miller et al (2009) *Philosophy and principles underpinning and outcomes approach*. Edinburgh, Joint Improvement Team)

As the table above shows, achieving an outcomes focus involves adopting more analytical, flexible and person centred approaches to practice, which in turn need to be supported by similarly analytical and flexible cultures and systems. This is an issue that is addressed fully in Chapter 3 of this guide.

From personal to national outcomes

As highlighted at the start of this chapter, outcomes are a concept at the heart of health and social care policy and practice. However, much of this focus is not on personal outcomes, but on outcomes for services, organisations and national level outcomes. Ensuring connectedness and coherence between the different levels of outcomes is central to the successful implementation of an outcomes focussed approach.

In a personal outcomes focussed organisation, it is the outcomes *for individuals* that should primarily drive activity. Over time, organisations can use outcomes information gathered through support planning and review to verify whether they are achieving the outcomes they intended, and unintended outcomes too. They may then wish to review their organisational outcomes over time. In so doing, organisations will be well placed to deliver on high level national outcomes, such as improved health and well-being. It is important here that feedback is linked up and down through the different levels of outcomes reporting, with the critical live link to personal outcomes at the core. Examples of outcomes at different levels of the system are included in Table 6.

Table 6. From Personal to National Outcomes

Outcome Level	Focus	Examples
Individual/personal	Defined by the person as what is important to them in life	I want to be able to get back to the bowling club
Service/project	Defined by a project or service as a key focus to work towards with people	We work with older people to improve their ability to get out and about
Organisational	Defined by a local authority, NHS board or provider as a key area to work towards. Will increasingly be required to be defined across organisations	Improve the social inclusion of the older people we work with
National	Defined by government to focus activity across sectors and organisations	We live longer, healthier lives Our people are able to maintain their independence as they get older and access appropriate support as they need it

Chapter 2

Elements of the Talking Points Approach

This chapter examines the three core elements of the Talking Points Approach in detail:

- » Engagement
- » Recording
- » Use of information

Taking each element in turn, the chapter draws on the learning from practice to identify issues commonly encountered when seeking to embed each element of the approach and practical solutions that have been developed in response.

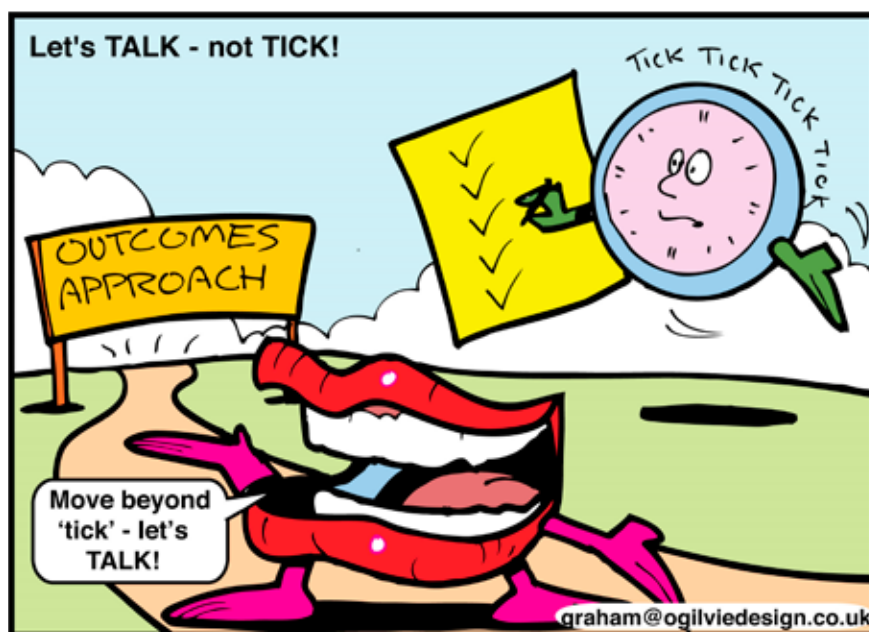
Key Points

- » Working with people using services and unpaid carers to focus on their outcomes builds on skills of engagement, recording and use of information fundamental to professional practice across social work and health.
- » Whilst these skills are consistent with professional values they have not necessarily been supported by the health and social care system. Therefore one of the challenges of implementing outcomes is that some of these skills may need to be revisited, supported and potentially restored.
- » Practitioners have identified that they would like opportunities to build their skills and especially confidence in communicating with people with cognitive impairments and/or communication support needs.
- » Effective recording of outcomes is central to realising the benefits of an outcomes approach to the individual and organisation.
- » Recording is a relatively neglected area in many services. Acknowledging the various competing demands on the professional record is a helpful starting point. It is important to ensure that person-centred aspects of recording are not eclipsed by bureaucratic concerns.
- » Consistent recording is essential if the information on outcomes is to be used by the organisation for planning, commissioning, improvement and performance.
- » The potential of the Talking Points approach to transform lives and systems cannot be realised unless the information captured through this approach is used to inform and evidence decision making at an individual and organisational level.
- » Analysis and reporting of both qualitative and quantitative information captured through an outcomes approach is important to capture trends across services and populations and to understand the reasons for better or worse outcomes.

Outcomes focused Engagement

Working with people using services and unpaid carers to focus on their outcomes builds on skills fundamental to professional practice. Taking an outcomes approach requires that the practitioner engage with the individual and significant others in a flexible and person centred way to find out what is important to them in life, to prioritise outcomes and to agree how best their needs can be met and outcomes achieved. This process may require managing the expectations of the individual and being honest about the limitations of supports available, while thinking creatively about possible alternatives. Practitioners need to work with the individual to consider solutions within their local communities and social networks as well as from services. An outcomes approach enables practitioners to use their core skills of listening, problem solving and analysis.

Experience has shown that this can represent a departure from practice in service led organisations. In particular the approach demands that individuals and organisations move away from 'tick box' approaches to more conversational approaches to assessment. Whilst this has proven popular with staff (Stewart, 2008; Petch, 2012), in some cases it has involved staff 'unlearning' previous practice.

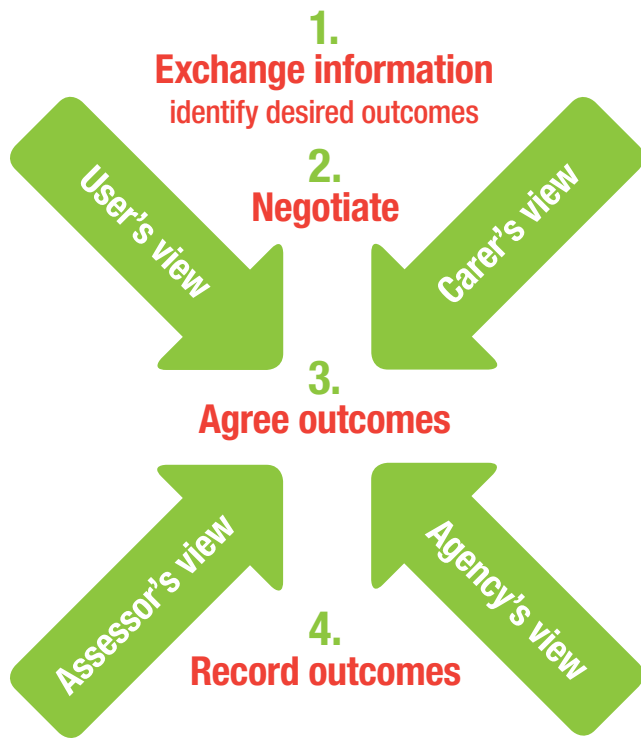


Outcomes focussed engagement: the Exchange Model of Assessment

The exchange model of assessment has proven particularly useful in working with practitioners and organisations to think differently about the process of engagement. This model emphasises the collaborative nature of the assessment process (equally applicable to support planning and review), showing how the views of the individual service user, carer, assessor and agency are brought together to negotiate, agree and record outcomes, see Figure 2. The concept of negotiation is important here, especially in the context of resource constraints. Negotiation is also important when different views are expressed, for example in relation to risk. Early documentation about risk and outcomes is available on the Talking Points section of the JIT website³.

³ Risk, outcomes and safeguarding <http://www.jitScotland.org.uk/action-areas/talking-points-user-and-carer-involvement/risk-outcomes-and-safeguarding/>

Figure 2. The Exchange Model of Assessment (Smale et al 1993)



The exchange process starts with developing an understanding with the person about their life, the outcomes they want to achieve and the barriers and supports to achieving those outcomes. Evidence has shown that this kind of exchange is best obtained through a semi-structured conversation that gives space for both parties to reflect and respond to what is being said. This conversation can be built around the Talking Points framework. Prompts for each outcome for have been developed for use by practitioners in the Support Packs for Staff (see Appendix 3).

Box 4. Active Listening

Good communication skills are essential for effective practice. We know from research that process outcomes, such as being listened to and being treated with respect, really matter to people, particularly when they are facing difficulties in their lives (Petch et al, 2007). However, the ability to really listen requires effort. Partial listening occurs when practitioners apply filters to the conversation. The challenge is that people often don't realise that they are filtering what is being said. Where the system is driven by excessive data requirements, these can act as 'filters', whereby practitioners, particularly under time pressure, listen selectively to what the person says to find the information which they are obliged to gather for bureaucratic purposes. Systems can also support active listening skills by streamlining unnecessary information gathering requirements (see Miller, 2011b)

The process of engagement also involves negotiating and agreeing the outcomes an individual wants to achieve. In some cases individuals and carers will have a very well developed view of what they want in life and how they can best be supported. However many people can at times feel overwhelmed and under-informed about their situation and the alternatives. The engagement provides an opportunity for the person to reflect on their situation and the possibilities for moving forward, and may require more than one conversation. How an individual worker approaches this part of the process and critically the time they have available will influence the robustness of the plan at the end. The process of negotiation provides opportunities to build on the strengths and abilities of the individual. Adopting solution focussed approaches can be useful to this end (see box 5).

Box 5. Solution focussed approaches

While it is important to acknowledge the challenges people face, there is a role for solutions oriented thinking, and outcomes can support this. Solution focused approaches assume that change is inevitable and that the worker's role is to support people to notice, to take control and to shape change in ways helpful to them (Bucknell, 2006). This doesn't mean 'fixing' the problems presented, but that active listening skills are paramount. Even where there is no prospect of reversing difficulties, such as deteriorating health, the focus should be on supporting the person to identify what needs to happen to make the most of the life they have. This includes building on past or present strategies that individuals have used to achieve their goals. Through the conversational process, people become more aware of what they want, the strengths and abilities they already possess, the support networks and community supports around them, all of which come together to increase their motivation and expectancy that they can realise their hopes and aspirations. Therapeutic skills, such as the miracle question and approaches which require the individual to imagine what their future could look like, e.g. "What would you be doing if you achieved your goal?" can also help. Other questions support the person to think about 'exceptions' to the problem, what tactics they have used to cope with their situation and what they have 'noticed' themselves (Johnstone and Miller 2010).

At this stage it may be necessary for the worker to reconcile the outcomes that the individual is identifying with their own professional outcomes. Many healthcare practitioners use outcome measures to understand individual needs and progress in relation to aspects of functioning. Adopting a personal outcomes approach does not negate the importance of these outcomes. Instead it places the emphasis on the difference that the changes make to the person's whole life. An example of this shift in thinking is given in case study 4.

Case Study 4 – a physiotherapist perspective

My name is Elspeth and I'm a physiotherapist working with NHS Lothian. I'm a musculoskeletal outpatient clinician, and so my case load usually involves backs, necks, knees and such like. Often I've only got 15 to 30 minutes per patient, so I try to focus on what I see as the person's main problems. I was recently involved in managing a project with the Rapid Response team from the Edinburgh Intermediate Care service. Shadowing the Rapid Response therapists provided me with invaluable insight into their job and one particular home visit was a major turning point in my thinking as it beautifully demonstrated personal outcomes

From the referral it sounded like Mrs. D's problems were musculoskeletal, and therefore something I felt competent to deal with. I knew this lady was 63. She had had a brain injury ten years before and had recently fractured her right foot as a result of a fall. Mrs D was in pain and this was limiting her mobility. She lived alone in sheltered housing and had a care package in place. I had been informed by the GP that Mrs D was 'not coping'. The GP had tried to arrange admission to the Royal Victoria Geriatric Hospital the night before but Mrs D was deemed too young.

In the car en route to the visit I was compiling a wee list of Mrs D's problems.

- » Pain
- » Reduced mobility
- » Reduced range of movement (ROM)
- » Reduced mental abilities
- » Inadequate care provision

Before I arrived, I was already finding a virtual solution to all Mrs D's problems. I felt that the most important thing was to get her up on her feet a bit more doing a bit of exercise to get that foot moving. My virtual treatment plan consisted of:

- » Home exercises
- » Gait re-education
- » Review of walking aids
- » Review of medication

Well, things turned out differently. We arrived to find Mrs D surrounded by a sea of teddies. She was a charming lady, very much aware of her situation. And we sat and talked. Mrs D told us that the thing she really wanted to do was to go to her daughter's in Somerset for Christmas, but just couldn't see how it would work as she couldn't walk.

Her care package had recently been cut from 5 to 3 visits. Her carers had half an hour to get her up, washed, dressed, walked through to the living room and breakfasted. Mrs D has IBS and frequently had accidents during the night. Her foot was painful and it took us 5 minutes just to walk round her chair. She was upset that the carers had other people to look after and she was making them late.

The care manager had discussed her care prior to the fall and promised Mrs D that it would not be reduced. However it was reduced and had not been re-evaluated since the fall.

She loved winning soft toys at the raffle at lunch club. However, she wasn't going because her foot was too sore to walk and she "didn't really feel like it anyway!"

Mrs D's head injury was due to a drug overdose. Her son had committed suicide a year ago. Her daughter, who lived locally, was helping herself to cash from Mrs D's purse.

Yes, her foot was painful but that was way down her list of concerns. Mrs D's priorities looked a bit different from the list I had compiled.

- » Wanted desperately to get to her daughter's for Christmas
- » Did not want to feel distressed that the carers were having to rush
- » Wanted to be involved in decisions and a further review of her support
- » Wanted to get to the lunch club to alleviate loneliness
- » Wanted an opportunity to talk about family problems
- » Did not want to be in pain

I couldn't resolve all of these issues but could see that some of Mrs D's 'outcomes' could be improved.

The list of 'interventions' or 'actions' after talking to Mrs D was

- » Just talking, and listening
- » Encourage Mrs D to use the wheelchair more, especially for the trip to her lunch club and at Christmas
- » Review care package
- » Follow up phone call in a week to review progress and refer onto community physio as required

We walked out of there leaving a much happier lady. She had been treated with respect, listened to and had a say. With regard to the key outcome she wanted to achieve, Mrs D was reassured that she could use the wheelchair which, with a bit of support, would make the travel to Somerset possible. We would pass updated information to the care manager and ask for a review of the care package. While community physio would still play a part, the immediate outcome was not dependent on this.

My eyes were opened to the importance of just listening to what people want and I thank Mrs D and the team involved for doing just that.

Support planning

Once a shared understanding is reached of the individual's situation and outcomes, the next step is planning the support. This should also be a shared endeavour; including consideration of the role of the person, other people in their lives and community resources as well as services. This is particularly important where due to issues of availability or eligibility services are not accessible to that individual. An outcomes approach can be particularly useful in the context of formal processes, such as adult protection, mental health officer duties and risk management. This keeps the concerns of the person centre stage and emphasises the importance of open engagement. Although challenging, it is possible to achieve a balance between the preferences of the individual and formal responsibilities in relation to protection and risk management.

Experience has shown that many practitioners new to the approach prefer not to discuss issues that are not readily within their 'gift' to resolve. However, this work has also shown that people value opportunities to engage in open conversations and having their concerns acknowledged, even if not always addressed through a service solution. Talking to a person about what they want to achieve in life can already achieve good outcomes, as well as collecting important information that can be used to improve their circumstances. This is discussed in more detail in the section on information later in this chapter. This therapeutic nature of the outcomes focussed engagement can however be a challenge for organisations seeking to use the approach purely for evaluation. Where the focus is on establishing the role of the service in achieving outcomes, some of the benefits can be missed, including the importance of maximising individual strengths.

Box 6. Is the sky the limit?

A common response from practitioners and organisations new to outcomes approaches is concern that by working with individuals to identify outcomes they will be faced with ambitious demands they are unable to meet. Experience has shown that this is not usually the case and where people do express aspirational outcomes they often do not expect services to 'deliver' that for them (Harris, 2006). In other instances services have found that by working with the person and their social networks ambitious outcomes can be realised. For example, in Orkney a resident in a care home told staff during an outcomes focussed review that she would love to see Daniel O'Donnell in concert. With the support of her family this was arranged and she had a very memorable experience that she spoke about for months afterwards with staff, residents and visitors to the home.

Reviewing progress

Having established an outcomes focussed support plan, it is essential that it is reviewed within agreed timescales to monitor progress towards achieving outcomes and to determine what more, if anything, needs to be done. This review process should both focus on the specific outcomes identified at assessment and allow the individual to revisit all the Talking Points outcomes to enable new issues to be identified, explore new resources and strategies and also for unintended impacts on outcomes (positive and negative) to be captured and understood.

The review process is an important opportunity to capture information that can be used by the organisation for improvement purposes. This means engaging with the individual not just about their progress in relation to outcomes, but also about what has hindered and supported them in making that progress. A key challenge in this process is being able to identify the contribution made by different individuals and services. The individual concerned is usually best placed to identify these contributions.

Honesty and trust are essential to successful review processes. Practitioners and organisations need both to empower service users and carers to give honest feedback on their services and supports and be prepared to hear and respond to this feedback. Taking an outcomes approach can be helpful in that respect as it keeps the focus on what has worked for whom and when, as opposed to making judgements about the service or individuals within it. This is an issue that has been approached with caution in practice, with many organisations concerned that the involvement of those who plan and provide the services and supports in review will bias or restrict feedback. However, comparison between the information collected by staff in South West Glasgow Community Health and Care Partnership with that collected by an independent researcher showed little difference⁴. Further, early evidence has shown that feedback gathered through embedded approaches has resulted in a more mixed picture of outcomes than feedback gathered through survey approaches, which tend to elicit more positive results (Cook and Miller 2010). This is discussed in more detail in guidance on Managing Outcomes Data available on the JIT website.⁵

4 Glasgow SWCHCP Report <http://www.jitscotland.org.uk/downloads/1281540764-UDSETSWCHCPREPORT300920081.pdf>

5 Managing Outcomes Data <http://www.jitscotland.org.uk/downloads/1321372407-recording%20outcomes.pdf>

Supporting outcomes focussed engagement: Lessons from practice

While there has been considerable learning from practice in relation to the challenges in outcomes focused engagement, there has also been learning about how to overcome these difficulties. This learning is summarised below:

Supporting practitioner skills in outcomes focussed conversations

For practitioners who have worked in service-led environments, developing this understanding can take time and requires both specific training and ongoing supervision and support. In particular practitioners may need support to:

- » Broaden the focus from outputs (what they do) to include outcomes (what matters to the person and the difference made)
- » Think about their practice in the context of a person's whole life, as opposed to the parts they can directly effect
- » Understand how outcomes focussed practice sits within an organisational commitment to improved outcomes for individuals

Practitioner development programmes focussed around specific case examples can be particularly useful, allowing staff to think through what difference taking an outcomes approach could make for known individuals. Practitioners can also be encouraged to think about their own outcomes, helping to develop an understanding of outcomes focused approaches. In East Renfrewshire staff development included a focus on emotional intelligence, building confidence and skills in engagement and understanding of others' perspectives and points of view. In Midlothian, practitioners were given vignettes and a blank outcomes-focused support plan. They worked in pairs, role-playing service users and care managers. This exercise was found to be valuable in facilitating understanding of different perspectives in the support planning process.

Developing skills in outcomes focussed conversations takes time. Guidance for practitioners on outcomes focussed conversations has been developed and is available on the JIT website⁶

Working with people with communication difficulties

An early independent review of Talking Points (Stewart 2008) identified use of the approach with people with communication difficulties as a key challenge for practitioners. Indeed, several early pilots excluded people with dementia or communication difficulties from their work all together. Focussed work with practitioners revealed that these difficulties did not relate to taking an outcomes focussed approach per se, but often reflected a general lack of confidence at working with people with communication support needs. A range of resources has been developed to support work on communication including specific guidance on improving communication around outcomes⁷.

Using Communication Supports: Talking Mats

For some individuals with communication support needs, the process of agreeing and prioritising outcomes can be enhanced by the use of Talking Mats, which are a low tech, symbolic communication support system that helps people express preferences and opinions. The approach involves working with an individual to identify issues of importance to them by placing corresponding symbols onto a mat. A key benefit of using Talking Mats in the context of an outcomes approach is that it enables the individual to consider all the outcomes they have identified as important in one mat and to then review and prioritise them. An example of a Talking Mat that summarises how a person feels about themselves is shown in Figure 3. The symbols in the top row are generic headings. By placing symbol cards under these

6 Outcomes focussed conversations <http://www.jitScotland.org.uk/downloads/1309363440-outcomes%20focused%20conversations.doc>

7 Improving Communication around Outcomes http://www.jitScotland.org.uk/downloads/1285668092-TP_Communications_Resource.pdf

headings the person can show whether they feel positive, neutral or negative about the issues identified, e.g. their appearance, comfort, getting around and mood.

A number of organisations are using Talking Mats in the context of outcomes focussed approaches and a report from pilot work is available on the JIT website⁸. The Talking Mats team at the University of Stirling have developed symbols for use in the context of outcomes focussed approaches, which can be purchased by contacting the team⁹.

Figure 3: Example of Talking Mat



Ensuring systems and processes facilitate outcomes focused practice

An important message from implementation to date is that whilst practitioner skills and expertise are essential to outcomes focussed engagement, they need to be supported by outcomes focussed organisational systems and processes. Therefore systems need to be reviewed to ensure that:

- » Practitioners have the time to engage with the person in the depth required. This may include several visits, with assessments and support plans being updated over time. Whilst important to ensure assessments and reviews are timely, targets and deadlines for assessments present contradictory messages.
- » Paperwork encourages practitioners to discuss outcomes and prompts an open, person led approach, as opposed to encouraging them to tick the boxes. Early piloting work found that tightly specified approaches closed down conversations and prevented the exchange of information required.
- » Information needs to be available to practitioners, people using services and unpaid carers about the range of informal resources and supports available within the community as well as the formal supports and services. Some areas have developed posts which include responsibilities for keeping this information up to date, and in some cases, actively linking people to these resources.
- » Outcomes focussed engagement with people using services and unpaid carers is supported through outcomes focussed supervision and peer support activities with practitioners. Guidance on outcomes focussed support and supervision is available from the JIT website¹⁰.

8 Talking Points and Talking Mats Report: http://www.jitscotland.org.uk/downloads/1281454484-Talking_Mats_and_Talking_Points_Report.pdf

9 Contact information is on the Talking Mats website, www.talkingmats.com

10 Staff support and supervision http://www.jitscotland.org.uk/downloads/1288194514-Staff_support_and_supervision_for_outcomes.pdf

- » Practitioners need sufficient time to record the information gathered. IT systems need to be designed so that practitioners can record sufficient narrative, and are supported in taking an analytical approach. This is an issue that is discussed in more detail in the following section.

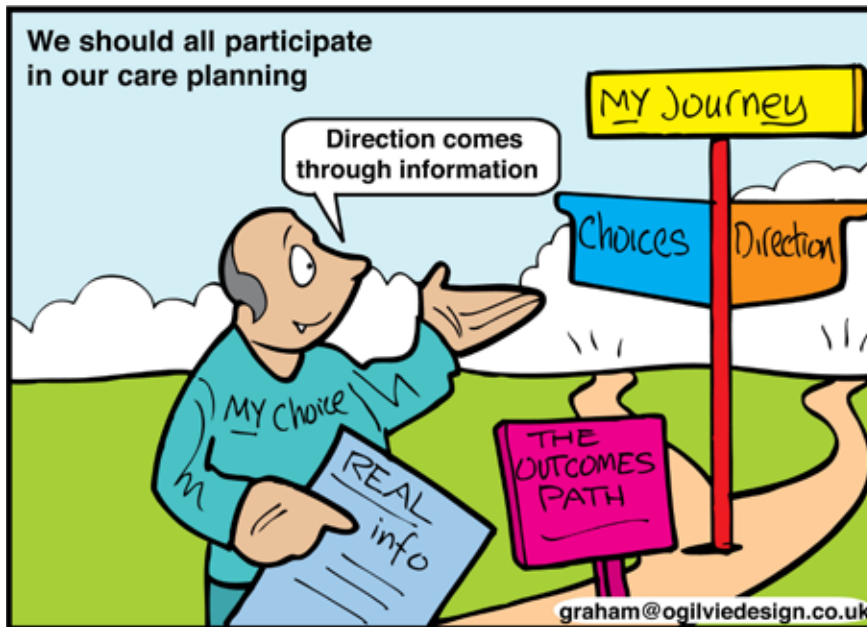
Table 7. : Summary of service led and outcomes focused assessment

	Service led assessment	Outcomes focused assessment
endpoint	delivery of service	impact of the plan
format	pre-determined question and answer formats	semi structured conversation = open questions
approach	obtaining information required for form filling = 'filtering' information	skilled interaction including active listening and reflecting back
person	client, service user or patient	person in their own right with skills, ability and potential
practitioner	expert	enabler & partner
focus	identifying problems and deficits and matching to a limited list of services	building on capacities and strengths towards creative solution
recording	tick box	building a picture of the person towards a clear plan for achieving outcomes

SHIFT

Recording of outcome information

If the full benefits of outcomes focussed engagement are to be realised it is essential that information from this engagement is recorded and shared with all involved. This helps ensure that the plan is enacted and monitored, and allows for the information to be used at a service level for improvement purposes. Effective recording is essential to complete the circuit illustrated in figure 1. Experience from practice has shown that recording is a challenging and often neglected issue. This section will outline what is involved in outcomes focussed recording and summarise relevant learning on this topic.



The act of recording

Outcomes focussed recording is about more than ticking boxes and demands that the practitioner:

- » Bring together information from a range of sources and make sense of that information in light of their understanding of the person's life.
- » Prioritise the information that is most important to record
- » Record the information into local paper work / Information Technology systems.

This means that recording is not a simple process of applying ‘facts’ to the page, but involves an active process of analysis to make sense of information that different practitioners will approach in different ways. If a recording is to be understandable and useable by people across the organisation it is essential that sufficient background information is also recorded to allow this process of analysis to be understood. For example, it may be important to record information in relation to the context in which a person is living or about how information was gathered. This is particularly important where there is uncertainty over the reliability of the information or a change in perspective over time. Guidance is available on the JIT website to support the basic principles of outcomes focused recording¹¹ (Miller and Cook 2011).

Stories and numbers

An early finding from the Talking Points pilots was the importance of practitioners recording information both qualitatively (stories) and quantitatively (numbers). Taking the time to engage with individuals in outcomes focussed ways generates a plethora of stories that help practitioners and organisations understand how services and supports lead to positive outcomes for individuals or otherwise. This information is essential to improving individual outcomes as well as informing service improvement. Furthermore, there has been considerable learning as to the power of individual stories in inspiring and motivating staff and organisations to work in more outcomes focused ways, as evidenced by the popularity of the digital story collection 11x11.¹²

Whilst the richness of qualitative data on outcomes makes it a powerful source of information to support change, analysing this information is time consuming. Therefore organisations have found it to be important to also record some quantitative, categorical data. This data can be analysed at a service or organisational level and provides a snapshot of how well an organisation is doing in relation to outcomes and where attention needs to be focussed. Learning from practice has shown that categorising information in this way involves judgement and is best done through a process of negotiation between the practitioner and individual. Furthermore, it is important to allow the practitioner to indicate where information gathered is less reliable, so that this information can be excluded from any service level analysis.

Organisations have adopted a range of strategies to categorising data, with some organisations using numerical scale measures and others developing categories based on an individual’s experience. Early evidence suggests that using categories based on experience, for example ‘*big difference, no difference, worse*’ makes more sense to the individual than numerical scales and supports the flow of the conversation. Further work in this area is required.

Box 7. Whose views?

In the early implementation stage of Talking Points, there was debate about whose views should be captured - the person using services / carer or staff view of the situation? Given that outcomes based working aims to involve the individual in determining their outcomes, the view of the person using services should be paramount. However, a process of negotiation may be involved, as individuals often benefit from prompting and encouragement to reflect on their journey. Caution should be exercised however, where the practitioner is under pressure to evaluate positively, as there may be temptation to inflate reports of progress. Caution is also required because positive outcomes may have been influenced not just by the service, but by the individual and other factors. To support an enabling approach, the person’s achievements should be recorded as well as the contribution of services. As is best practice, a copy of any documentation should be left with the person using services or carer.

11 Recording Outcomes in Care and Support: <http://www.jitscotland.org.uk/downloads/1321372407-recording%20outcomes.pdf>

12 This is freely available on the care stories website, www.carestories.co.uk

Managing competing demands

Practitioners face multiple demands. In places this has resulted in cumbersome recording processes. Research has shown that management have a key role in adapting systems and in improving recording, through training and auditing the content of records (O'Rourke 2010). It may not always be possible to fulfil all potential demands of the record. Therefore a further role for management is to ensure that the potential to support the interactions of practitioners around outcomes is not undermined by data requirements with no clear benefits.

In recognition of the tendency which had developed to record too much information in all cases, the National Minimum Information Standards (NMIS) for assessment, care planning and review recommended that the length of assessment should be commensurate with the complexity of the individual's circumstances, while retaining a core data set for all individuals. The latest version of the NMIS (Scottish Government 2008) was produced at a time of transition from needs led towards outcomes focused assessment. The relationship between needs and outcomes is explored in Box 8.

Box 8. The relationship between needs and outcomes

In recent years assessment practices within health and social care have been dominated by a concern to understand individual experience in relation to a pre-defined understanding of need. Therefore engagement has been orientated around determining areas where an individual has difficulty (e.g. meal preparation, wound dressing), the extent of this difficulty and whether based on this, from a local authority perspective, the person is eligible to receive services. Taking a personal outcomes approach does not ignore need altogether, but broadens the scope of the engagement with the individual. Instead of starting by seeking to determine what the person has difficulty with, an outcomes approach starts by understanding what is going on in a person's whole life and what they want to achieve. Having established this, a practitioner goes on to find out what the barriers are to an individual achieving their outcomes and how they can be overcome, building on the abilities and strengths of the person.

Supporting good recording

Developing effective recording processes involves joint working between different parts of the organisation. Implementing outcomes based working in Scotland has highlighted the importance of communication between practitioners, information staff and operational and strategic managers. Through developing an understanding of the requirements of each part of the system, it is possible to achieve a better compromise between various information needs. The need to reconcile diverse objectives has been raised as an issue in relation to performance management or evaluation. In attempting to understand performance in outcomes at an aggregate level, some organisations have sought to apply rigid recording criteria to get practitioners to rate experience. Evidence has shown that this discourages open engagement with the individual. Whilst recording of this information may be necessary from time to time it should be avoided as a blanket approach.

Closing the recording loop: feedback to practitioners

Ongoing communication with practitioners is vital to supporting good recording. This can happen in two main ways, though outcomes focussed supervision and feedback to practitioners. Experience has shown that outcomes focussed supervision is invaluable for discussing with practitioners their recording practices and decision making. Supervision provides an arena to clarify the purpose of recording and to reflect on how effectively recording is meeting this purpose. Secondly, it is important to feedback to practitioners how the information they are recording is being used at an organisational level for service improvement, planning and performance purposes (see box 9 for an example). This is an issue discussed in more detail in the following section.

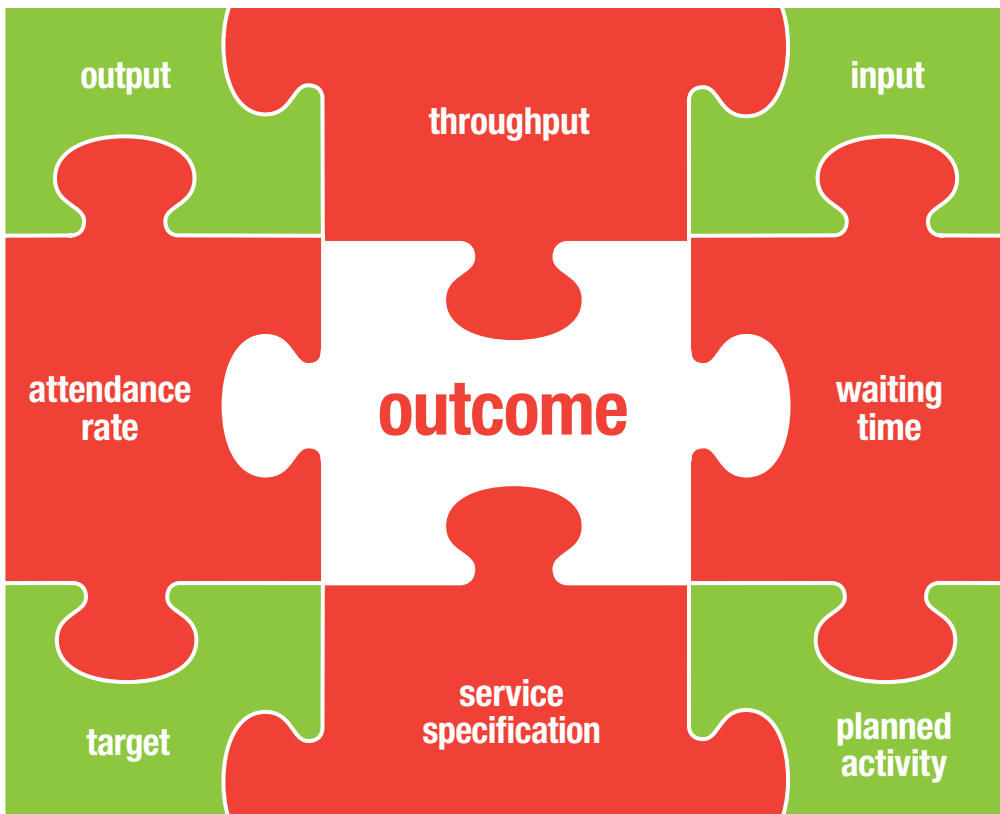
Box 9. Recording and feedback example: VOCAL

VOCAL (Voice of Carers Across Lothian) are an early implementer of Talking Points. Their outcomes working group met for a half day in November 2011 to review the information coming back via their outcomes review data and casework, their annual carer survey and from team leaders. Pooling these various sources of information and their own perspectives which were gathered on the day, they reviewed their organisational outcomes. While most of the VOCAL outcomes were confirmed by the information gathered, their evidence showed they needed a specific focus on addressing the social isolation of carers and that they needed to introduce the outcome of economic wellbeing. Based on information coming back from the Family Support Addictions team, they also agreed to develop an outcome to capture issues around personal safety which feature significantly for carers using that service. The group decided to consult across the organisation, including the operational implications, before implementing these changes. They also identified the importance of sharing this information within the organisation, in order to keep staff engaged in the outcomes work.

Use of outcomes information

Adopting an outcomes approach at an individual level leads to the capture of information needed to inform the whole system change required to become an outcomes focussed organisation. Work with partnerships and provider organisations since 2006 has highlighted that realising these information benefits requires a shift in the way data is managed, analysed and understood. Standard practice in most organisations has been to gather, analyse and report quantitative information, such as costs and numbers of people accessing specific services. Whilst much of this information is essential to the effective running of any organisation, it only tells part of the story. Without an understanding of the difference to the end user, it is impossible to properly appraise effectiveness or to identify opportunities for improvement; the jigsaw is incomplete.

Figure 4. Outcomes: the missing piece of the jigsaw



Developing an understanding of outcomes is a complex undertaking. Not only does it require that the organisation engage with the end users of services as already discussed, but also that it finds a way to make sense of these individual experiences at a service or organisational level. Early work with partnerships in Scotland found that the two approaches most commonly taken to capture the views of service users and carers were satisfaction surveys and consultation exercises. These approaches have the benefit that they are relatively straight forward to carry out and that as the information is collected within well defined parameters, analysis is also relatively straight forward. There are, however, a range of limitations to these approaches, summarised in table 8.

Table 8. Common limitations in satisfaction surveys and consultation exercises

Common limitations	Satisfaction Survey	Consultation exercise
Excludes people with communication difficulties, mobility and literacy issues	√	√
Risk of consultation fatigue	√	√
Satisfaction influenced by expectations of the end user, whereby if expectations are low, satisfaction will be high, regardless of outcomes	√	
Can be dominated by the views of the most vocal around specific issues		√
Provides limited insight into the reasons for high or low satisfaction	√	
Dominated by organisational concerns, can be hard for the person to raise their own issues	√	√

Talking Points can help overcome some of these challenges, as information collection is built into everyday business processes and is inherently personalised and outcomes focussed. The approach does, however, demand that organisations find a way to manage and analyse both qualitative and quantitative information to build up a picture of overall trends in outcomes as well as to develop an understanding of the ways in which services and supports impact on individuals.

Analysing personal outcomes information

The 2008 review of Talking Points (then UDSET) identified the analysis of personal outcomes information as a key challenge for organisations taking forward the approach (Stewart, 2008). In particular, organisations reported lacking the skills and capacity required to analyse qualitative information. In response to this issue, specific guidance on qualitative analysis was developed and is available on the JIT website¹³.

Over the past few years considerable progress has been made in this area. In March 2012 representatives from over 30 organisations taking forward outcomes focussed approaches came together for a two day ‘data retreat’ to discuss outcome information. Experiences of using a range of approaches to analysing both qualitative and quantitative outcomes information were highlighted. They are summarised in Table 9.

13 Qualitative Data Analysis Guidance <http://www.jitScotland.org.uk/action-areas/talking-points-user-and-carer-involvement/sample-tools/>

Table 9. Approaches to analysis of qualitative and quantitative data on personal outcomes

Data	Approach
Qualitative	Detailed thematic analysis of sub sample of assessments and reviews alongside case records to understand the issues faced by individuals, how they relate to outcomes, how different aspects of the person's life and service contributed to outcomes.
	Content analysis of staff reports across assessments and reviews to identify issues and explanations for why outcomes achieved or not.
	Detailed thematic analysis of information collected through a focus group on the outcomes important to individuals and how services impact on achievement of outcomes
	Group discussion of specific cases by staff to identify common themes in terms of issues faced by service users and carers, important outcomes and how services impacted on outcomes.
Quantitative	Counting numbers and % of service users or carers where outcomes improved, stayed the same, worsened to give overview of performance in relation to outcomes. Data reported on individual, service and organisational levels.
	Mapping change in outcomes for individuals using visual tools such as an Outcomes Star. Data reported on individual and service levels.

A well established challenge when analysing outcomes information is that of attribution, or how you know that a particular activity has resulted in a given outcome (Miller, 2011a). An important message emerging from this retreat was the benefit of shifting the focus away from seeking to attribute change to a particular service or intervention to understanding the contribution that different agencies and the person themselves makes to improved outcomes. This shift in focus was identified as important in recognising the role of the individual in achieving outcomes and in supporting a partnership approach. As already highlighted in the recording section of this guidance, involving the person themselves in identifying the contribution different partners have made to an outcome is essential to collecting valid and robust information.

One tool or many?

Over the past six years of implementing Talking Points, there has been ongoing debate as to the feasibility of creating one 'tool' to support outcomes focussed recording. This has been driven by the desire to simplify analysis of information and to create comparable data across organisations useful for benchmarking purposes. As will be discussed in more depth in chapter 3, this has not proven possible, as the complexity of outcome focussed practice demands that tools and approaches are developed around local practice as opposed to being imposed centrally. Furthermore the approach to both recording and analysis of information, including whether qualitative or quantitative analysis is prioritised, will be shaped by the ways in which the organisation is planning to use the information. This is an issue that is discussed in more detail below.

Uses of Personal Outcomes Information: planning, commissioning, improvement and performance

Information on personal outcomes can be used for a range of purposes. The rich and detailed nature of the information gathered means it is particularly valuable for improvement purposes. However, the subjective nature of the information (as with all information based on personal experience) does limit the extent to which generalisations can be made from aggregated data, which is a limitation when using information for performance reporting (see Miller 2012 for a full discussion). Having said this, many organisations have aggregated personal outcomes data at a service level and used this quantitative information, alongside other measures, to inform performance management, inspection and regulation processes. In addition, there is a growing interest in the ways in which personal outcomes information can inform planning processes and the redesign and commissioning of services.

In ensuring the robustness of conclusions drawn from personal outcomes data it is important to triangulate the data; that is to bring together and compare different data sources (for example qualitative and quantitative data) for consistency. Using the Talking Points frameworks as a starting point for a range of information gathering activities, including assessment, surveys and consultations can facilitate this process of triangulation. The six stage process outlined in Working Together for Change¹⁴ (DH 2009) presents a practical approach to bringing together data from a range of sources to inform commissioning approaches. The kinds of questions that can be answered through analysis of personal outcomes data and their link to planning, performance and improvement are summarised in Table 10.

Table 10. Uses of Personal Outcomes Data

Level	Key questions	Use of information
Service	• Which aspects of the service are having a positive impact on outcomes and for whom?	• Improvement
	• Which aspects of service are hindering the achievement of outcomes and for whom?	• Improvement
	• Where can improvements be made in relation to process outcomes?	• Improvement
	• To what extent is the service supporting the achievement of outcomes that people using services and unpaid carers want?	• Performance
	• Which outcomes are least and most problematic?	• Planning
	• What are the issues impacting on outcomes for this group of service users or carers?	• Planning
	• How do local factors impact on outcomes?	• Planning
Organisational	• Which services and supports do individuals want to access?	• Planning/Commissioning
	• What are the issues facing people using services and unpaid carers?	• Planning/Commissioning
	• To what extent are service users and carers supported to achieve good outcomes?	• Performance
	• To what extent are outcomes improved by the services in place?	• Performance/Improvement
	• Which groups of service users are experiencing the best and worst outcomes?	• Planning/Commissioning/ Performance/Improvement
National	• What can we learn by comparing outcomes between localities and organisations?	• Performance
	• What characteristics do high performing organisations share?	• Improvement

Evaluation

Many organisations have used the Talking Points frameworks as a basis for evaluating services. As described in detail in Appendix 2, the outcomes framework for people using services was originally developed for use in this context and has been well tested. The UDSET (user defined service evaluation tool) interview schedule is available on the JIT website, as are copies of evaluation tools that have been developed from the UDSET by other organisations¹⁵. It is important to note, however, that whilst the

¹⁴ Working together for change http://www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Personalisation_advice/WTFC_Final.pdf

¹⁵ <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/sample-tools/>

tool is well suited to independent 'arms length' evaluations, there are three key challenges associated with using the approach for 'embedded' evaluations. These are:

- » Where practitioners are engaging with people about outcomes, this changes the nature of the service and therefore the basis of the evaluation.
- » Asking practitioners to gather information on outcomes in a highly standardised format for evaluation purposes can limit the inclusion of people who require more flexible communication, as well as limiting engagement with users and carers generally, and therefore reduce the quality of the service provided.
- » Where the focus is firmly on evaluating the impact of the *service*, there is a risk of underplaying the role of the individual in achieving their outcomes, in line with an enabling approach.

Reporting information on personal outcomes

Effective reporting of information on outcomes is essential if the benefits are to be realised, including improving understanding of outcomes and engaging people across the organisation in the agenda. There is a wide audience for outcomes information, including boards and other decision making committees, people using services, unpaid carers, staff, inspectors and regulators, commissioners and government. Organisations have used a range of mechanisms to report information on outcomes to these different audiences, including through summary reports, graphical illustrations and case study reports. Messages from this work include:

- » Where outcomes information is reported in a lengthy document, an accessible summary is essential to reach a wide audience.
- » Reporting stories and quotes alongside the numbers adds understanding and brings the data to life.
- » Graphs and charts can be used to effectively show trends in outcomes data at an aggregate level between groups of people using services or over time, for example through the use of a traffic light system.
- » Case studies are an effective way of capturing the complexity of the relationship between services and outcomes and are an important tool in supporting practitioner development.

Maximising the quality and applicability of outcomes information

Maximising the quality and applicability of outcomes data is a key concern for organisations. The validity of Talking Points as a framework for understanding the outcomes most important to people has been rigorously tested over 15 years of research, development and implementation. The reliability of the approach, whilst generally good, can be subject to some variation. This is common with all approaches to measuring individual experience, including satisfaction surveys and structured outcome measures and is due to the nature of the subjective experience as much as the approach being taken. In general, practitioners report being able to confidently appraise whether or not outcomes are being met. In some instances getting reliable information is problematic. This may be due to a communication or capacity issues on the part of the person using services or unpaid carer or a difference of opinion between parties.

For organisations seeking to ensure that outcomes information is collected as rigorously as possible, without compromising the integrity of the approach, Lincoln and Guba's (1985) influential work on formalising the rigour of qualitative data in real life settings is of relevance.

Table 11: Lincoln and Guba's (1983) translation of terms (adapted for this guide)

Conventional inquiry	Real life inquiry	Methods to ensure quality
Internal validity	Credibility	Check with participants / people using services; Engagement with lots of people over prolonged period Look at information from a range of sources
External validity	Transferability	Full description of the person and the context in which they live Full description of the local / organisational context of the service / project
Reliability	Dependability	Audit – careful documentation by practitioner and person doing analysis of information gathered, methods and decisions taken in analysis. Involve multiple practitioners and staff in recording and analysis of outcomes information
Objectivity	Confirmability	Audit and reflexivity of all involved.

Lincoln and Guba's (1985) work supports the credibility of outcomes approaches which are embedded in practice, because the content of support plans and reviews should be shared with and signed by individuals. Further, the credibility of the information is enhanced by practitioners and staff involved in analysis being well acquainted with the settings in which information is gathered. To support transferability of information, organizations are encouraged to provide a detailed portrait of the setting in which information is gathered. This enables others to judge the applicability of the findings to other settings. Dependability replaces reliability in this model, encouraging those doing analysis to provide an audit trail (documentation of data, methods and decisions) which can be laid open to scrutiny. Careful and open accounting can also help to address concerns about variation in characteristics between populations using different services. Separate guidance is available on measuring outcomes (Miller, 2011)¹⁶.

16 Measuring Personal Outcomes: Challenges and Strategies <http://www.iriss.org.uk/resources/measuring-personal-outcomes-challenges-and-strategies>

Chapter 3

Becoming an Outcomes-Focussed Organisation

Talking Points has developed as an *organisational* approach to focusing on the outcomes important to people using services and unpaid carers. This emphasis on the organisation comes from the consistent finding that implementation of outcomes focused engagement, recording and use of information cannot happen at the front line alone. There needs to be a clear commitment from every level of the organisation to make the shift from being service-led to outcomes focused. This in turn needs to be encouraged and supported by a coherent and enabling policy environment and system of governance and scrutiny that clearly prioritises personal outcomes and gives organisations the space required to make the changes needed.

This chapter draws on learning from implementing Talking Points and related research to examine how organisations can move to become outcomes focused in practice.

Key Points

- » Practitioners can not make the shift towards outcomes focussed ways of working alone. Organisations need to re-orientate business systems and processes to support new ways of working.
- » Engagement of people across the organisation is vital to make an outcomes approach work.
- » Strong leadership is required to enable people to live through this change.
- » Organisational outcomes should be driven by outcomes important to people using services and carers. Staff need to be involved in determining these outcomes.
- » There are a range of approaches organisations can take to do this work, including logic modelling, theory based evaluation and appreciative inquiry.
- » Organisational change requires a supportive national context and policy which is joined up and driven by concern for personal outcomes over and above systemic priorities.

The JIT has worked with more than 90 partnership and provider organisations to develop and implement personal outcomes approaches since 2006. Late in 2011, IRISS conducted a review of Talking Points via a survey and telephone interviews which captured the views of representatives from nearly 70 relevant organisations¹⁷. A significant finding of this review was that six years into implementation, none of the organisations reported that they have 'got there' yet. This does not reflect a lack of commitment or dedication, but rather the extent and complexity of change required. Respondents interviewed as

17 The IRISS review is available on the IRISS and JIT websites.

part of the review frequently described the process of becoming an outcomes focused organisation as a 'journey'.

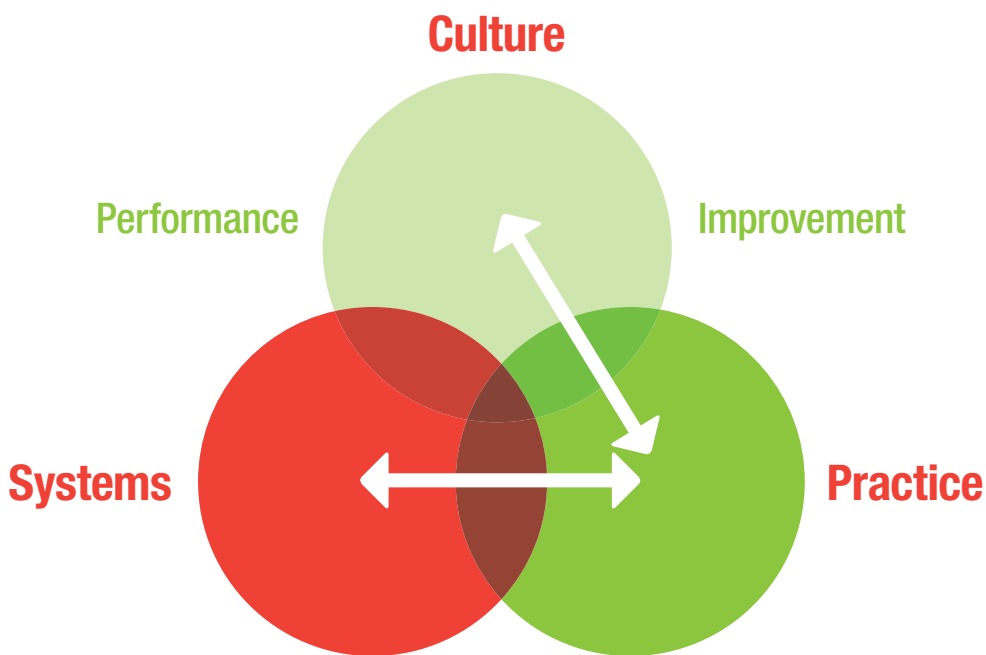
As would be expected from the diversity of organisations involved, they have approached the task in distinct ways. For example, some organisations have sought to dismantle old ways of working and start again (what the review terms 'new build'), whilst others have worked to add on an outcomes focused approach to existing practice (an extension). Regardless of the overall approach to implementation, it is possible to identify some critical success factors in terms of making the change required. These are discussed later in this chapter. First, research and evidence around dimensions of change are considered.

Dimensions of change: culture, practice and systems

As already highlighted, implementing an outcomes approach requires going beyond a focus on practice to include the culture and systems. This supports early research carried out at the University of York that highlighted three dimensions of change required to implement a personal outcomes approach (Figure 5.)

- » Culture change: a focus on impacts rather than inputs and outputs, greater recognition of different types of expertise (including person using services and unpaid carer)
- » Different approaches to practice: how and when assessments, plans and reviews are undertaken, finding out how to engage with and record user and carer outcomes
- » New procedures/tasks in the system: develop new forms, review administrative and IT systems (Nicholas et al 2003).

Figure 5: A whole system approach



As the diagram illustrates, these three aspects of organisations are linked, and experience from implementing Talking Points has shown it is impossible to change one aspect without addressing the other two (see case study 5). Figure 5 identifies two key drivers for change, performance and improvement. Where managing or understanding performance is the main driver, this tends to drive change primarily in relation to systems, with a focus placed on collecting requisite information for performance reporting. In contrast, where improvement is the main driver, this tends to drive change primarily in relation to practice and culture, with a focus placed on the interactions with people using services and unpaid carers. Whilst both are important drivers, research at the University of York has highlighted that an undue focus on performance can impede implementation of outcomes focussed approaches (Glendinning et al, 2006). This finding has been replicated in the Talking Points programme, which has shown that change needs to be driven by practice and the demands of practice (Miller 2012).

Case study 5: The link between culture, systems and practice

A large health and social care partnership first piloted the Talking Points approach in one sector of the city. This pilot was focussed on practice and involved considerable training of practitioners, as well as the redesign of their core assessment tool.

On review of the pilot it was found that take up of the approach by practitioners was relatively low. Discussions with staff and a process mapping exercise showed that they were still being allocated cases for assessment on a service-led basis, for example assessing eligibility for respite provision. Reconciling the tension between outcomes focussed practice and the service-led system put considerable pressure on practitioners, who as a result reverted to previous practice.

The partnership took on board this feedback and has since embarked on a major programme of implementation, including initiating working groups to address culture, systems and practice. This work has involved a wide range of stakeholders, made active links across policy areas and is making considerable progress three years on.

Making Change Happen: Critical Success Factors

Work with organisations embedding a personal outcomes approach has led to the identification of five critical success factors that need to be in place to realise the shift in culture, systems and practice required to become an outcomes focused organisation.

Staff engagement

An engaged and outcomes focussed workforce is essential, if not sufficient, to an outcomes focussed organisation. As already highlighted, for practitioners, implementing a personal outcomes approach requires not only that they change their own practice, but also that they adapt to new systems and processes. Living with this change can be stressful, especially for those working in a context where there is frequent change.

Engaging staff in the change process is critical to ensuring consideration of practitioner concerns, which should in turn ensure practitioner buy-in. Working closely with staff to problem solve challenges and develop new approaches creates a community of champions in local areas. Where experienced practitioners have supported training, staff have particularly valued the opportunity to hear a 'warts and all' account of the challenges and benefits involved. Some of these accounts have been captured as digital stories and are available on the care stories website¹⁸.

High level buy-in

A key message from practitioners has been the need for 'high-level buy-in' from senior management for three reasons. First is the requirement to re-orientate business processes and cultures to support new ways of working. The second is the need for staff to have a clear signal that they have 'permission' to practice in less prescribed, more creative ways. The third is the need for a shift in how services are planned and commissioned, as well as which approach to performance management is adopted.

Implementation of Talking Points has often been led from the front line, with practitioners and operational managers seeing the opportunities to improve the lives of individuals, increase job satisfaction and to operationalise the shift towards prevention, personalisation and enablement. Various approaches have been taken to secure the high level buy in required, including the constitution of formal project boards and the implementation of a collaborative inquiry approach (see next section). A key message from the IRISS review (2012) is that policy has an important role in engaging strategic managers. This is discussed in more detail later and in chapter 4.

18 Care Stories Website: www.carestories.co.uk

Leadership for outcomes

A key message from implementing Talking Points has been that practitioners need ongoing support, particularly from frontline managers, to focus effectively on outcomes for people. In response to this, outcomes focused supervision guidance was developed with front line managers (Johnston and Miller 2010)¹⁹. The importance of leadership in outcomes based working was also prioritised by another organisation in Scotland from 2009, the Institute for Research and Innovation in Social Services (IRISS), who produced a generic guide to leadership, followed by topic based guides available on their website²⁰

Figure 7: Supporting outcomes at each tier (Stirling Council Social Services 2011)



The Talking Points supervision guidance emphasises that in parallel with the qualitative conversations taking place between staff and users and carers, similar conversations should take place between frontline managers and staff. This involves the manager listening carefully to what the staff member says about the situation they are working in, encouraging the worker to build on their own knowledge and strengths and to work towards solutions where possible. The focus groups undertaken to inform the guidance highlighted that front line managers in turn need support to be outcomes focused in the work that they do, and to know that it is safe for them to be more creative in the ways that they support their staff. In turn, senior management need wider incentives to be aligned, rather than contradicting with this approach, as demonstrated in Figure 7.

Peer learning and support

Whilst each organisation needs to put in place its own programme of change to become an outcomes focussed organisation, many of the challenges faced are common across organisations. Therefore there is considerable benefit in working closely with others taking forward the approach to share learning, resources and for peer support.

A prominent feature of the implementation of Talking Points has been opportunities for individuals and organisations to come together to share learning and resources. Peer learning and support has been facilitated through: local and national events; the JIT website; regional groups; an online community of practice and regular reports, a bulletin and summaries of evidence from practice. This element of the programme has been enthusiastically embraced by organisations. Respondents in the IRISS review highlighted the value of being able to build on the mistakes and successes of other organisations,

19 Staff support and supervision http://www.jitscotland.org.uk/downloads/1288194514-Staff_support_and_supervision_for_outcomes.pdf

20 IRISS Leading for Outcomes <http://www.iriss.org.uk/category/resource-categories/leading-outcomes>

including adapting existing resources and tools for their own use. Furthermore the value of accessing a supportive community, who understood the challenges and who were a continued source of inspiration was also emphasised.

For partnerships, the Scottish Community Care Benchmarking Network and Reshaping Care Improvement Network are two important forums to support networking and collaboration at a national level. The JIT has recently established a network for providers taking forward an outcomes focused approach²¹. In some areas, partnerships are taking a lead in bringing providers together to share learning and develop outcomes focused practice at a local level. It is important that these collaborative relationships are supported and nurtured in the context of an increasingly competitive commissioning context. Partnerships have an important role to play in ensuring that commissioning and procurement processes recognise and reward providers who sincerely engage in this agenda and succeed in driving the changes required to focus on personal outcomes.

Shared definition of outcomes

In Scotland all partnerships are required to specify the outcomes they are working to at service strategic levels and how these outcomes contribute to both national and individual outcomes (see Table 1.). As already highlighted, when implementing Talking Points it is essential that the outcomes specified at a service or project and strategic levels clearly relate to the outcomes important to people using services and unpaid carers. Furthermore, the specification of organisational outcomes should be informed by evidence as to the local contextual factors that shape realisation of outcomes for different population groups (see table 10 on uses of personal outcomes data).

Some early implementers of Talking Points identified that revisiting core values and outcomes was a crucial step in engaging staff, particularly in the context of the real world environment of health and social care, with its tendency to constant change and conflicting demands.²² As with individual outcomes, organisational outcomes are not goals, but changes or benefits that organisations want to be accountable for influencing. It is usually important to consider the population groups and geographic population covered. A further consideration is whether it is reasonable to believe the involved organisations can achieve or influence the selected outcomes. The staff group involved in initial planning of change need a sound approach which should clarify the current condition, as well as what influences might be required to change it.

Logic modelling and theory based evaluation are linked approaches that organisations have found useful when specifying the outcomes to be achieved as described below.

Realising change: approaches to organisational development

A wide range of organisational development and project management models and tools are available to support improvement work in organisations. The following are four broad approaches which have been used to support implementation of Talking Points.

Theory-driven evaluation

In brief, theory-driven evaluation first attempts to map out the programme theory lying behind the intervention and then designs a research evaluation to test out that theory. The aim is not to find out 'whether it works,' as the answer is almost always 'yes, sometimes'. The purpose is to establish when, how and why the intervention works, to unpick the complex relationships between context, content, application and outcomes, and to develop a necessarily contingent and situational understanding of effectiveness (Walshe 2007, p58).

21 Information about this forum is on the JIT website and the online community of practice.

22 Getting Started <http://www.jitscotland.org.uk/downloads/1296481782-Getting%20Started.pdf>

Theory driven evaluation provides an alternative approach to traditional input-output approaches to evaluation, and it has been suggested that it is more suited to complex real world interventions. It involves development of a programme theory which sets out what the project planners expect from the intervention, which means making implicit assumptions explicit and then checking out the programme theory with staff and key stakeholders. It also means developing a hypothesis which can be tested out in practice. Logic modelling is a way of implementing a theory based approach.

Logic Modelling

Many organisations have found that a logic model can be helpful in achieving greater clarity in what the organisation is aiming to achieve and in testing the theory of change they have developed. Staff within the organisation can work together to define the endpoint they want to reach, and then consider what processes are required to achieve that. People using the service should also be involved in this decision-making. However, it is possible or even probable that understanding of the innovation will change as it is implemented, and that therefore, flexibility may be required over time, including about what the outcomes might be. Evaluation Support Scotland have produced accessible guidance on logic modelling which is available online (ESS 2009).

Appreciative Inquiry

Traditional approaches to organisational development tend to start from identification of a problem. Appreciative Inquiry is an alternative, qualitative approach that focuses on what has worked well and offers an opportunity to engage staff, stakeholders, service users and whole organisations in a process of positive improvement (Box 10). Appreciative Inquiry was adopted by a later implementer of Talking Points as a means of engaging the social work staff group in the change process (Upton, 2010). The Masters dissertation which gives an account of this process is available on the JIT website²³.

Box 10. Assumptions underpinning an Appreciative Inquiry approach.

- In every society, organisation or group, something is working.
- Looking for what works well and doing more of it is more motivating and effective than looking for what doesn't work and doing less of it.
- What we focus on becomes our reality and absorbs our energy.
- The act of asking questions of an organisation or group influences or changes the group in some way.
- Systems move towards what they ask about or focus on.
- The language we use to describe reality helps to create that reality
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
- If we carry parts of the past forward, they should be what is best about the past.

Senses framework

Initially developed for use in care homes by a research team at the University of Sheffield (Nolan et al, 2006), the Senses framework articulates six 'senses' that service users, family carers and staff need to experience to create a good quality of life for an individual using services (see box 11). The framework recognises the complexity and pressures within many caring relationships and contexts, and highlights the importance of creating an 'enriched environment of support' where the well-being of all parties is recognised and valued. In Swansea the approach has been found to be particularly effective in supporting staff to move to practice in more outcomes focussed ways.

23 Outcomes Approach Dissertation [http://www.jitScotland.org.uk/downloads/1310657734-Dissertation_Final_Version_-_2110-2\[1\].pdf](http://www.jitScotland.org.uk/downloads/1310657734-Dissertation_Final_Version_-_2110-2[1].pdf)

Box 11. The senses framework

A **sense of security** – to feel safe and secure, not just physically but also psychologically, for example, to feel free to be able to complain without fear of reprisals.

A **sense of belonging** – to feel ‘part of things’, both within the home and the wider community, and to be able to maintain existing relationships and form new ones.

A **sense of continuity** – so that people’s biography and life history are recognised and valued, and used to plan and deliver care that is consistent with their wishes and preferences.

A **sense of purpose** – is about having valued goals to aim for, the sort of things that make it worth getting out of bed in the morning.

A **sense of achievement** – this is about being able to achieve the above goals and to feel satisfied with your efforts.

A **sense of significance** –this is about feeling that you ‘matter’, that your life has importance, and that other people recognise you and who you are.

This chapter has so far concentrated on change management and different approaches to becoming an outcomes focused organisation. However, learning from Talking Points has highlighted that outcomes focused practice requires continuing support over time, and more recent work has therefore concentrated on how to build outcomes into leadership within the organisation. This work has also highlighted a number of challenges and barriers to implementation, which need to be acknowledged.

Key challenges to outcomes based working

Although it is well known that continuous changes in organisations can result in staff burnout, there is little sign that requirements to change are diminishing. Health and social care organisations are currently required to juggle a variety of competing imperatives, including those relating to eligibility, planning and commissioning, performance, regulation and inspection, personalisation, marketisation and continuing restructuring to improve partnership working, all with a diminished resource base (Miller 2012). There are inherent tensions between some of these imperatives. Amongst the tensions most frequently identified by implementers of Talking Points are the following:

- » The requirement to balance outcomes focused practice with mandatory eligibility criteria
- » The continuing imposition of centrally determined performance indicators which prioritise inputs, outputs and throughput and which may distract from and even contradict a focus on personal outcomes
- » The need for more outcomes focused planning and commissioning to develop a wider service landscape that is outcomes focused, enabling and holistic
- » The need to develop outcomes focused and integrated commissioning strategies alongside a requirement to increase personalisation and self-directed support

Against this context, if any innovation is to have a chance of genuine implementation, it is necessary first of all to allow expression and consideration of staff concerns. Recent work on organisational development has highlighted the importance of emotional considerations. deKlerk (2007) writes about how emotional trauma and associated emotions can negatively affect performance. deKlerk (2007) suggests that in order to heal the trauma and increase performance, organisational development practitioners must provide a safe place for employees to discuss their feelings and allow for and deal with the emotional responses. It is recommended that space is allowed for emotional expression when change is being proposed, and that continuing support is required to sustain change. The role of leadership in sustaining change is highlighted frequently and has been identified as a critical component of implementing an outcomes approach.

If outcomes approaches are to be embedded as part of the mainstream, it is imperative that the policy environment shifts to support ongoing implementation. The recent review of Talking Points highlighted that whilst the overall policy direction is supportive of outcomes, there is a lack of understanding

amongst key stakeholders about what personal outcomes are, and what they means in practice.

Improving understanding amongst these stakeholders is critical if the kinds of tensions outlined above are to be reconciled. Furthermore, there is a need to clearly articulate across the system how a personal outcomes approach, such as Talking Points, can support high level policy goals, such as prevention, integration and improved performance.

The final chapter of this guide addresses this issue by examining the contribution that personal outcomes approaches can make to achieving the four goals identified in the Government response to the Christie Report on the future of public services in Scotland published in 2011.

Chapter 4

Renewing Public Services: Focussing on Personal Outcomes

The recent report on the future of public services in Scotland identified four objectives for reform (Christie, 2011). In its response, the Scottish Government committed to *intensify the focus on improving service outcomes for the people of Scotland* and identified four pillars on which this work will be built:

- » A decisive shift towards prevention.
- » Greater integration of public services at a local level driven by better partnership, collaboration and effective local delivery.
- » Greater investment in the people who deliver services through enhanced workforce development and effective leadership; and
- » A sharp focus on improving performance, through greater transparency, innovation and use of digital technology (Scottish Government, 2011: 5).

This chapter examines how the implementation of personal outcomes approaches, such as Talking Points can contribute to the achievement of each of these pillars in turn.

Key Points

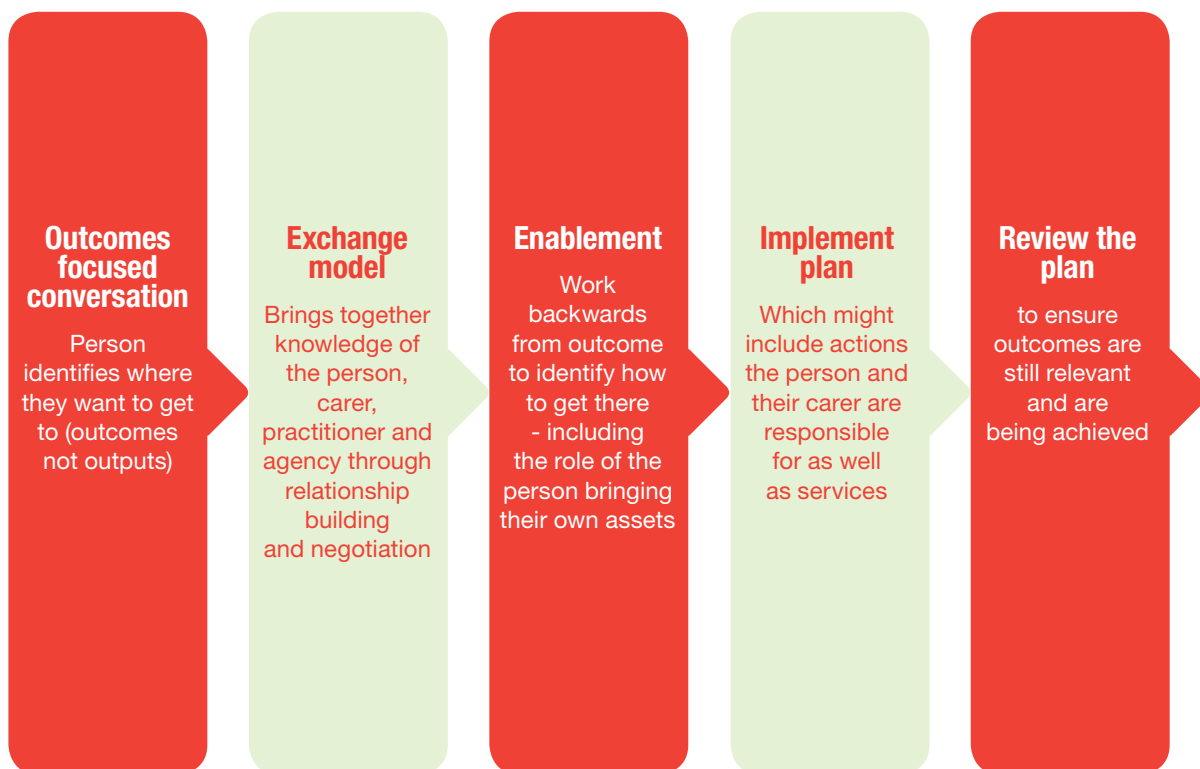
- » Personal outcomes approaches like Talking Points can contribute to the four pillars of the government response to the Christie Commission's recommendations for the future of public services
- » Talking Points can assist with preventing deterioration, delaying dependency and supporting recovery
- » In addition, outcomes focused conversations can themselves improve outcomes and prevent deterioration by providing an opportunity to be listened to, to reflect, to access information and in identifying how the individual can be part of the solution
- » A focus on personal outcomes is an important driver for integration. Starting with the assets, priorities, needs and aspirations of the person, a range of services and resources may need to work together to achieve those outcomes.
- » Talking Points can support integration at a strategic level, providing an evidence based framework of high level outcomes for people using public services that local community planning partnerships can sign up to.
- » Talking Points and the self-directed support strategy share some key objectives, including a focus on personal outcomes, a change in culture from task and time to better outcomes, an emphasis on doing with the person rather than doing to them, and appropriately minimising ongoing support.

- » Implementation of personal outcomes approaches have a role to play in terms of improved efficiency, effectiveness and increased transparency. Work on developing consistent approaches to outcomes and performance is central to this and recently included a mapping of outcomes for children and adults.
- » The fourth pillar of the Government response to renewing public services, is workforce and leadership, core themes in the Talking Points programme.

Prevention

The Christie Commission (2011) highlighted that, with spending not expected to return to 2010 levels for 16 years, major reforms to public services were needed. The commission estimated that as much as 40% of all spending on public services could have been saved by a preventative approach. In its response, the Scottish Government emphasised preventive programmes as a means of improving outcomes, and reducing costs. A focus on prevention is also evident at the UK level, defined in the DH Transparency in outcomes framework as preventing deterioration, delaying dependency and supporting recovery – aimed at both early intervention and supporting recovery, rehabilitation and reablement (DH 2010). Talking Points can support these forms of prevention. In addition, outcomes focused conversations can themselves improve outcomes through providing an opportunity to be listened to, to reflect, to access information and in identifying how the individual can be part of the solution (Figure 8)

Figure 8. Good conversations



The recent pilot of Talking Points in three care home settings²⁴ highlighted the extent to which focusing on personal outcomes was supportive of an enabling approach. By focusing on what was important to the person, their strengths, assets and abilities, staff were able to work with individuals living in a care home to re-engage in a wide range of activities. This included re-engaging with the social activities and communities they had enjoyed and been part of prior to moving to the home; taking a more active

24 Care Home Pilot Report <http://www.jitscotland.org.uk/downloads/1321548460-Talking%20Points%20in%20Care%20Homes%20pilot%20-%20final%20report%20November%202011%20with%20E%20Torrance%20Forward.doc>

role in the day to day life of the home and in maintaining their own independence and well-being, for example through shopping and food preparation.

Work on developing Talking Points has demonstrated the importance of focusing on both quality of life outcomes, which prevent deterioration and delay dependency, and change outcomes, more commonly associated with recovery and rehabilitation. With regard to quality of life, practitioners have identified that they recognise the importance of linking people into their communities. Parallel work on community capacity building has involved projects including the Healthy Communities Collaborative and West Edinburgh Timebanking, which focus on supporting the quality of life of older people in the community. Talking Points has been used to evaluate one of these projects (Miller and Barrie 2011).

Talking Points has been used to evaluate change outcomes associated with reablement services in Scotland. While understandable that services wish to capture these outcomes, this focus can miss important longer term work on risk reduction, preventing exploitation or managing deterioration (Young and Chesson 2006). Part of the challenge is that prevention can be difficult to prove. Work by SPRU on the outcomes of an OT service, which included a survey of users, found that more than half of respondents who had received substantial assistance reported that it had improved their quality of life. However, a further third indicated that, while there had been no improvement, the service had prevented their quality of life from getting worse, thus indicating that 'preventing deterioration' can be an achievement which should not be missed (SPRU 2000). Further, if quality of life outcomes are ignored, this can compromise the longer term wellbeing of individuals, resulting in further service use down the line.

With regard to unpaid carers, the need for preventive approaches is well established. There are strong links between poor health and caring, with those providing high levels of care twice as likely to have poor health compared to those without caring responsibilities (Carers UK 2004). Carers often neglect their own health because they are so busy caring for the other person. Information and support at key stages along the care pathway can improve health outcomes and experience for carers and be cost-effective (Cross Government Publication, 2010)

Integrated Local Services

The second pillar of the Government's vision for public services is improved partnership working. Two significant elements of this pillar are integrated service provision and improving place based partnerships, including giving greater control to citizens and local communities, notably through implementation of the Self Directed Support Bill.

Integration between health and social care has been an explicit goal of policy for the past decade and the challenges of bringing the sectors together have been well documented (e.g. Banks, 2002). Evidence from the Talking Points programme has, however, shown that a focus on personal outcomes is an important driver for integration. Taking an outcomes approach demands that you start with the priorities, needs and aspirations of the person and work creatively drawing on a range of resources to achieve those outcomes. In practice this has involved working across health, social care, housing, employment services, police and fire services as well as engaging individuals and organisations in the local community. Outcomes focused working provides a model for the place based partnerships described in the review.

Talking Points also provides a framework to drive integration at a strategic level. The Talking Points outcomes provide an evidence based framework of high level outcomes for people using all public services that local community planning partnerships can sign up to. In many areas these outcomes are already being used to influence Single Outcome Agreements and a review of local partnership plans for Change Fund monies found that 18 / 32 partnerships in Scotland had included Talking Points outcomes. Furthermore, where organisations and partnerships are using outcomes information from assessments and reviews to inform planning, the individual's voice is clearly brought to this process. This goes some way to meet the challenge from the Christie report to involve individuals and communities in establishing the agenda for integration.

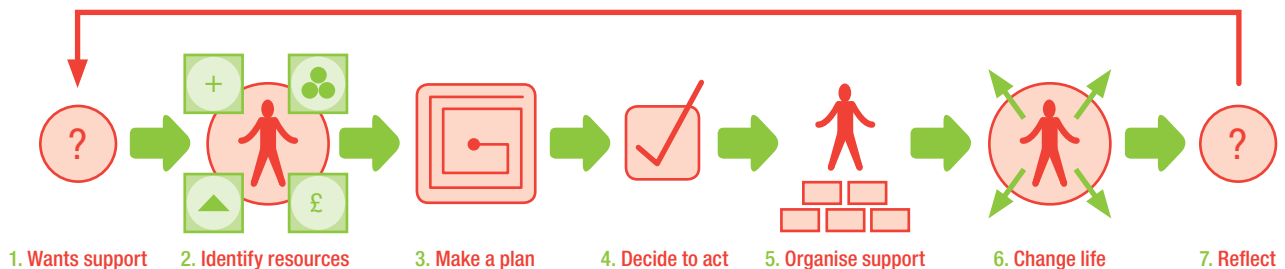
Self directed support

The self-directed support national strategy for Scotland identifies that there are shared messages within personalised, enabling and outcomes focused services as follows:

- » A change in culture of service provision from task and time approaches to better outcomes and on focused goals
- » Doing with the service user/patient/carer rather than doing to or for
- » Maximising people's long term independence and quality of life
- » *Appropriately* minimising ongoing support – and thereby minimising the whole life cost of care (Scottish Government 2010, p13)

Talking Points shares these objectives with self-directed support. Both approaches emerged from a concern that services had become focused on meeting the priorities of the system, rather than responding to individual needs. Both view individual support planning and review as key to ensuring that the person's concerns and priorities are central to decision-making. Although they share common objectives however, they also involve different principles and processes.

The solution advocated by self-directed support is to ensure that the individual is afforded 'choice and control' through assessment, with particular focus on self-assessment, resulting in allocation of a budget.



The seven-step model of self-directed support described in this model was first developed by Simon Duffy in North Lanarkshire in 2000, and then adopted and promoted by *In Control* in 2003. It starts with identifying need and then maps resources to the needs, including identifying an individual budget as an entitlement. The individual then plans their support, organises and uses the support, and then it is reviewed. A key challenge in self-directed support has been to develop a resource allocation system (RAS), whereby upfront identification of needs is translated through a points system into the indicative budget. Although there are positive examples of increased choice and control in England and Scotland, efforts are still continuing after eight years to develop a RAS which is transparent, fair, manageable and able to account for complexity.

With Talking Points, engagement with the individual is viewed as central. The emphasis is on exchange of knowledge between the person, their carer and the practitioner. There is negotiation involved in working through often complex circumstances, to ensure that the person's priorities are considered in setting out a clear plan. The conversation itself has been shown to improve outcomes for people in providing an opportunity to be listened to, to reflect, to access information and in identifying the individual's role, as well as that of services. From this perspective, the allocation of a budget would emerge during or after the planning process, and the option of the individual managing that budget would remain one of a range of mechanisms for achieving the identified outcomes.

A key challenge identified by local areas implementing both Talking Points and self-directed support, is in trying to ensure that enabling conversations can continue alongside the requirement to identify a budget for the individual. A learning point from Talking Points is that an early focus on matching needs to resources can stifle preventive work with individuals. A recent conference in Edinburgh (Apex Hotel, 13.3.12) included presentations from six local authorities. The approaches to self directed support described ranged from self-evaluation and the development of the RAS through to a focus on enabling and outcome focused conversations, with a self-assessment component, and with the financial assessment coming later in the process. It will be important that opportunities to share learning are

made available to allow best practice to emerge, and to ensure that understanding continues to develop of how best to improve outcomes for people using services and their carers.

Workforce and leadership

An area emphasised by Christie, articulated as a third pillar of the Government's response to renewing public services, is that of workforce and leadership. The importance of investing in and developing the workforce, and encouraging strong leadership are key themes in this guide. Implementation of a personal outcomes approach brings opportunities to develop the workforce to deliver the four pillars, with the ultimate goal of improving outcomes for individuals. The contribution is twofold.

The principles of a personal outcomes approach are supportive of key shifts in policy, such as enablement, prevention and personalisation. Furthermore, the Talking Points Approach, which has been driven by the concerns of people using services, carers and practitioners, offers a well developed, tried and tested approach to addressing these multiple challenges. For this reason organisations have used Talking Points as the basis for the implementation of other key shifts in policy and practice, including reablement, personalisation and community capacity building.

As already highlighted, a focus on outcomes itself can support the workforce and leadership development required to deliver on this pillar. The Government response highlights the need for collaborative working around clear outcomes to ensure a joined up approach to workforce development – a finding echoed in this programme. Talking Points and the learning around organisational development provides a framework to inform implementation of a focus on outcomes, starting from a concern for individual service user and carer outcomes, staff outcomes and then organisational outcomes. Third sector organisations and community planning partners should be involved in this work.

Improving Performance

Implementation of personal outcomes approaches have a central role to play in the drive to improve performance, in terms of improved efficiency, effectiveness and increased transparency. As already highlighted, the preventative and enabling focus of the approach promotes independence. Moreover, through close engagement with the person at assessment and regular reviews, the approach ensures that the care and support provided are both appropriate and effective. This is critical in avoiding patterns of service use that do not make the difference required, such as the example of Mathew presented in Box 3.

The co-productive nature of the approach is also critical in ensuring that resources are appropriately distributed. By working with people to identify their assets and strengths and to understand the actions they can take to improve outcomes, the approach draws on a raft of additional resources. Furthermore, working closely with individuals to prioritise, plan and review outcomes increases their motivation to make changes happen.

Use of Talking Points can also deliver efficiencies within the performance management process itself. Data collection is embedded within everyday assessment and review and information can be used for a range of purposes, including performance, commissioning and scrutiny. Indeed the JIT have worked closely with the Care Inspectorate (and the separate bodies previously) to ensure that relevant developments were joined up. Whilst there have been short term costs in terms of establishing culture, practice and systems and developing capacity, there is considerable scope for longer term efficiencies and reduced duplication. Embedding data collection in routine processes is also important to avoiding consultation fatigue for people using services and carers, which was an important driver for early work.

Increasing Transparency in performance reporting is central to this pillar. Talking Points provides a way to understand not just what organisations do, but what difference they make to the end user. This is critical to effective and transparent performance reporting. As discussed in chapter 2, measuring personal outcomes is a challenging endeavour, beset by practical as well as conceptual difficulties. However, expertise and experience in this area is growing. Organisations are increasingly able to report with confidence achievement against key outcomes and substantiate this with qualitative data explaining trends in performance. If the benefits of this work are to be fully realised, this needs to go hand in hand

with a shift in the culture of performance reporting overall to understand this new, more nuanced information. Work on developing consistent approaches to outcomes and performance can assist with this.

Work to prepare for the Integration of Health and Care in Scotland has led to the development of a suite of Outcomes for Integration. NHS Boards and Local Authorities will be held jointly accountable for demonstrating improvement in these outcomes. The 2012 review of the Talking Points: Personal Outcomes Approach recommended that the Talking Points Outcomes Frameworks should inform the development and implementation of improvement measures at local and national levels. Detailed work is required to make this a reality and experience from local implementation of Talking Points and the Scottish Community Care Benchmarking Network provides a useful foundation for this work.

Mapping outcomes for children and adults: GIRFEC and Talking Points

As Talking Points has developed, local partnerships have identified links with parallel work on outcomes for children and families. In Highland for example, work has progressed on developing a consistent approach called *The Bridge*. Getting it Right for Every Child (GIRFEC) is the relevant overarching policy and is described as ‘the golden thread that knits together our policy objectives for children and young people’ (SG 2010). Under GIRFEC, there are eight ‘wellbeing indicators,’ which have been identified as areas in which children and young people need to progress in order to do well, and which allow practitioners to structure planning. The eight wellbeing indicators are known as SHANARRI, as listed in the table below. The National Practice Model helps to gather, assess and analyse information about the whole world of the child. Although not a precise science, it is possible to identify links between Talking Points outcomes and SHANARRI/My World Triangle as follows:

Table 12: Links between Talking Points outcomes and SHANARRI/My World Triangle

TALKING POINTS	SHANARRI indicators
Quality of Life or maintenance outcomes that people seek to achieve or maintain	Wellbeing indicators to inform the involvement of all services working with children
Feeling safe	<i>Safe</i>
Staying as well as you can	<i>Healthy</i>
Having things to do	<i>Achieving Active</i>
Living where you want/as you want	<i>Nurtured</i>
Dealing with stigma/discrimination	<i>Respected Responsible Included</i>
Seeing people	<i>Included</i>
Change outcomes or improvements people experience through tackling barriers to quality of life	My World Triangle: Physical, social, educational, emotional, spiritual and psychological development; How I grow and develop
Improved confidence/morale	<i>Becoming independent and looking after myself; Confidence in who I am</i>
Improved skills	<i>Learning & achieving; Being able to communicate</i>
Improved mobility	<i>Enjoying family and friends</i>
Reduced symptoms	<i>Being healthy</i>
Process outcomes The experience of people using services	What I need from people who look after me; My wider world
Listened to	<i>Guidance supporting me to make the right choices</i>
Having a say	<i>Guidance supporting me to make the right choices</i>
Treated with respect	<i>Understanding my family history background and beliefs</i>
Responded to	<i>Play encouragement and fun; Being there for me</i>
Reliability	<i>Knowing what is going to happen and when; Keeping me safe; Everyday care and help</i>

Conclusion

This chapter has outlined how taking a personal outcomes approach supports achievement of four overarching policy goals for the future of public services: prevention, integration, performance and workforce development. Whilst this chapter has focused on Scotland, the overarching themes resonate across the UK and beyond.

A key lesson in implementing the Talking Points approach has been the importance of keeping the focus on what matters to people using services, unpaid carers and staff. If at a national, organisational and service level the focus is fixed on these three groups, the rest will follow. Whilst there are always challenges when operating in the complex system of public and third sector services and within a diverse and at times contradictory policy landscape, the experiences of people using services, unpaid carers and staff show that focusing on personal outcomes is worth doing.

Appendix 1

About the Authors and additional resources

Dr Ailsa Cook and Dr Emma Miller started working on a small scale with the JIT in 2006. Their work on implementing a personal outcomes approach has developed on a collaborative basis with a wide range of people from across health, social care and housing, as evidenced by the diversity of materials available on the JIT website. While they now both have independent roles from the JIT, the work on personal outcomes continues with a range of partners, including the JIT. For further information contact:

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Julie Gardner, VOCAL
Gail Cunningham and Ross Grieve, Thistle Foundation
Sandra McKay, North Lanarkshire Council
Ellen Daly, IRISS
Margaret Laird, Highland Council

Useful Resources

Resource	Description
Joint Improvement Team Contact: Chris Bruce, JIT Lead for Outcomes chris.bruce@scotland.gsi.gov.uk	The Joint Improvement Team continue to support the development and implementation of Talking Points through the production of resources (see below) facilitation of shared learning and by providing practical support to organisations.
Joint Improvement Team Website http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/	This website provides an overview of Talking Points and includes links to a wide range of materials, developed by the JIT and other organisations to support the implementation of Talking Points.
Community Care Outcomes Community of Practice. Accessed through the Knowledge Hub, registration required. https://knowledgehub.local.gov.uk/home	This online community of practice, which as of April 2012 is hosted on the Knowledge Hub, provides an opportunity for those involved in implementing Talking Points and outcomes focussed approaches to share experiences and resources. The community has more than 220 members and is free to join.
Care Stories Website, registration required. www.carestories.co.uk	An online library of digital stories, short audiovisual stories told by people using health and social care services and unpaid carers in Scotland
IRISS (Institute for Research and Innovation in Social Services) website http://www.iriss.org.uk/	IRISS have produced a range of resources to support the implementation of an outcomes approach, including Leading for Outcomes Guides and an Insight on Measuring for Outcomes. Further projects and outputs are planned for the coming year.
Social Policy Research Unit (SPRU) website http://www.york.ac.uk/inst/spru/	SPRU have been carrying out research relating to personal outcomes for more than 15 years. Reports, articles and links from this work are available on their website.
Online resource for care home and care at home staff http://content.iriss.org.uk/careandsupport/index.html	This clear and accessible online resource uses video case studies to bring to life the process of outcomes focussed assessment support planning and review.
Research into Practice for adults website http://www.ripfa.org.uk/	Research into Practice for adults have developed a number of videos explaining an outcomes focussed approach.

Appendix 2

The Development of Talking Points

Talking Points has been developed by the Joint Improvement Team through a six year programme of knowledge exchange and action research led by Emma Miller and Ailsa Cook. This programme has in turn built on two significant programmes of academic research into the outcomes important to people using services and their carers carried out by the University of Glasgow and before that the University of York. The account presented in this appendix summarises the academic and practice based evidence underpinning the approach and provides links to further reading.

Determining the outcomes important to people using services: Social Policy Research Unit, University of York: 1996-2005

Early research informing Talking Points was carried out as part of a rolling programme of funding from the Department of Health at the Social policy Research Unit (SPRU) at the University of York. This research was carried out over 10 years and involved a number of different phases. The first phase of the research sought to bring conceptual clarity to policy and practice around outcomes and did this through extensive fieldwork with older people, working age disabled people, frontline workers and managers. Through a mixture of focus groups and one to one interviews the research explored both the actual and desired outcomes of social care services.

From this work the team of researchers at York developed a typology of outcomes important to older service users, people with physical disabilities and carers. Specifically this work led to the categorisation of outcomes under the headings of change, process and maintenance outcomes for service users. The framework of outcomes developed by the researchers at York is summarised in table 13.

Table 13. SPRU framework of outcomes important to older people (Glendinning et al, 2006)

Outcomes involving change	Outcomes involving maintenance or prevention	Service process outcomes
<ul style="list-style-type: none">• Improvements in physical symptoms and behaviour• Improvements in physical functioning and mobility• Improvements in morale	<ul style="list-style-type: none">• Meeting basic physical needs• Ensuring personal safety and security• Having a clean and tidy home environment• Keeping active and alert• Having social contact and company, including opportunities to contribute as well as receive help• Having control over daily routines	<ul style="list-style-type: none">• Feeling valued and respected• Being treated as an individual• Having a say and control over services• Value for money• A good fit with other sources of support• Compatibility with and respect for cultural and religious preferences

The team at York went on to examine two aspects of outcomes focussed practice in detail. These were the inclusion of outcomes in assessment, care planning and review and the use of outcomes information for improvement and performance purposes. This work identified a range of factors facilitating and inhibiting outcomes focussed services for older people, relating to organisational cultures, systems and practice, the findings of which echo many of those from the Talking Points Programme.

The core document from this programme 'Outcomes into Practice' is now out of print, however, a range of other resources are available from the SPRU website: <http://www.york.ac.uk/spru>.

Engagement with service users across partnership contexts: Department of Public Health, University of Glasgow 2004 - 2006

The second formal research programme informing the development of the Talking Points approach was carried out at the University of Glasgow. This two year, UK wide research study was also funded by the Department of Health and sought to determine the effectiveness of partnership working between health and social care in relation to outcomes for service users. The project was carried out in collaboration with three service user research organisations: Central England People First; Older People Researching Social Issues and Service User Research Enterprise.

The first phase of the research involved developing an interview tool to access the views of people using services about the outcomes important to them in life and the impact that services had on outcomes. This project built closely on the framework of outcomes developed by SPRU and the team at the University of Glasgow worked with the service user research partners to refine the existing framework so that it was:

- » Presented using terms understandable to service users and carers as well as all professional groups
- » Focussed and concise to facilitate its use within an evaluation context
- » Reflected outcomes of services delivered in partnership between health and social care and not just social services
- » Reflected the outcomes important to all adult users of health and social care services

To this end, the research team carried out focus groups with older service users, people with learning difficulties and people using mental health services to review the relevance of the SPRU outcomes. This process led to a change in the way the outcomes were themed, with the term 'quality of life' being adopted instead of 'maintenance'. The term 'service process' was rejected for the more straight forward term 'process' reflecting the broad nature of supports people were accessing. Analysis of the focus group data also allowed the team to reduce the number of outcomes overall by grouping similar outcomes together. For example being clean and comfortable and having basic needs met (which were less applicable to people with learning difficulties and mental health service users) were grouped into an overarching outcome 'staying as well as possible'. New outcomes included living where you want and dealing with stigma and discrimination. A full account is available from Petch et al (2007).

Having finalised the framework of outcomes, this was developed into the User Defined Partnership Evaluation Tool (UDPET) interview schedule which was piloted in interviews with 60 people across three services. Analysis of the pilot interviews confirmed that the UDPET had good face validity and the tool was then used in interviews with a further 170 people across an additional 11 services. This research identified a range of features of partnership working impacting on outcomes for individuals.

A full report from this research is available on the JIT website²⁵.

Towards the end of the University of Glasgow research, two of the research team, Ailsa Cook and Emma Miller met with Margaret Whoriskey of the Joint Improvement Team, who invited them to present the findings of this research to a group of practitioners, managers and consultants. This session led to the identification of a range of ways in which the research findings and UDPET tool could usefully be applied in practice, which led to the initiation of several phases of practice based research.

25 Glasgow University research report <http://www.jitscotland.org.uk/downloads/1226059786-UDSET%20-%20Final%20Version%20December%202007.doc>

User and carer involvement in performance management: JIT 2006 - 2008

Between August 2006 and November 2008 the JIT commissioned Ailsa and Emma to carry out exploratory work into the potential to embed a focus on user and carer outcomes in performance management. This work included four main phases:

Phase 1

Workshops were held with 11 partnerships to examine current practice in user and carer involvement and how this might be enhanced. This phase highlighted the existing commitment partnerships had to user and carer involvement and the need to develop more streamlined approaches to capturing the views of service users and carers.

Phase 2

Development work continued with three partnerships exploring how learning from the research and in particular the UDPET tool could improve practice in this area. This led to the piloting and further development of an evaluation tool based on UDPET, which was renamed UDSET (the User Defined Service Evaluation Tool). Orkney identified an opportunity to include prompts around individual outcomes in their review tool, leading to the systematic collection of outcomes data at this point in the process.

Phase 3

The focus of phase 3 was the development of a separate outcomes framework and toolkit for use with unpaid carers. Again building on previous research from SPRU, Emma Miller worked with two partnerships and a voluntary sector carers organisation to develop a carer specific framework and carers version of the UDSET, the CDSET (Carer Defined Service Evaluation Tool). A copy of this report is available on the JIT website.

Phase 4

By the start of phase 4 there was considerable interest across partnerships in the potential of including individual outcomes in assessment and review processes. This interest had been encouraged by the launch of the Community Care Outcomes Framework. This performance reporting framework for community care included 16 measures, four of which related to individual experience. As the development of these measures had been informed by the research at the University of Glasgow, there was a good tie in between the user and carer experience measures and the UDSET / CDSET.

As part of the implementation of the Community Care Outcomes Framework seven partnerships received funding and support from the Scottish Government to act as 'early implementers'. Six of these partnerships chose to test implementation of UDSET and CDSET as part of this work. These partnerships were joined by two others, Orkney, one of the initial three pilot partnerships and South West CHCP in Glasgow, to become the 'early implementers' for UDSET.

During 2008 each of the 8 partnerships carried out pilot projects to embed individual outcomes in assessment, care planning, reviews and/or in staff training and development. Each project was supported by the JIT and the partnerships met regularly, identifying challenges and developing solutions. In addition, the work was supported by the development of a range of 'digital stories' capturing the perspectives of service users, carers and staff. This phase of work concluded with an expert review of UDSET / CDSET carried out by the Glasgow School of Social Work and a national 'Sharing the Learning' conference. Key learning points were as follows:

- » Collecting information on outcomes needs to start at assessment, so that individual outcomes are considered from the start of engagement with individuals.
- » Information on outcomes must be gathered in the context of a conversation with an individual service user or carer and this needs to be reflected in organisational processes and paperwork.

- » Focussing on outcomes brings significant organisational opportunities to do things differently, to think out of the box and to be more person centred.
- » Focussing on outcomes requires skills in qualitative interviewing and analysis, which are limited in service settings and many organisations struggled with the management and analysis of outcomes data
- » Staff found adopting this new way of working challenging, but appreciated the focus, reporting that it enabled them to 'get back to basics' and to reconnect with why they had entered the professions in the first place.
- » Staff found the approach particularly challenging when working with people with communication difficulties and capacity issues and required further support and training in this area.
- » UDSET was not a tool that could be 'bolted on' to existing paper work, which had to be reworked to build a focus on outcomes within it.

Towards the end of 2008, it became clear that what was required was more than a 'toolkit' as UDSET and CDESET had been, but an approach to focussing on outcomes for individuals within health and social care. Consensus around this was reached at the national sharing and learning event held in Dunblane in November 2008, which also led to UDSET and CDESET being re-named Talking Points: Personal Outcomes Approach.

Development of an organisational approach: JIT 2009 - 2011

Between 2009 and 2011, the JIT continued to support the ongoing development and implementation of the Talking Points approach, working with Emma and Ailsa and drawing on the expertise of key individuals from the early implementer partnerships and the JIT Action Group. During this time the development work had four priorities:

- » Support implementation across all interested partnerships in Scotland alongside implementation of National Minimum Standards for Assessment, Care Planning and Review and Community Care Outcomes Framework.
- » Provide limited support for implementation to provider organisations.
- » Work with policy colleagues to ensure policy development was aligned and informed by the Talking Points approach.
- » Work with organisations to further develop the approach.

During this phase, activity spread from 8 partnerships and a few provider organisations to cover most partnerships in Scotland and more than 70 provider organisations attended Talking Points workshops in 2011. To support the sharing of information across all of these organisations the Community Care Outcomes Community of Practice was established, including a regular update bulletin and an online Community of Practice including a discussion forum and library. In addition, there were a range of opportunities in the early stages for partnerships and providers to get together to share learning and resources at national and local levels. Latterly, the main opportunities arose within events supporting implementation of related policy, particularly around Reshaping Care for Older People.

An important finding from the implementation of Talking Points has been the need to take an organisational approach to embedding outcomes. This has been a key focus for the developmental work undertaken, which has drawn on learning from assets based and solution focussed approaches. In addition work has been undertaken collaboratively with partnerships and providers to examine issues relating to communication and outcomes, qualitative data analysis and commissioning.

Development of a framework of outcomes for people living in care homes: JIT / Scottish Borders, SCSWIS 2010 – 2011

Up until early 2010, activity around the development and implementation of Talking Points had focused on adults living in the community. Whilst people living in care homes had been included in several partnership areas, no specific attention was paid to the applicability of the outcomes framework for use with this population. Furthermore, there was concern from a range of national stakeholders, including Scottish Care, the then Care Commission and the Scottish Government that the Talking Points approach be tested by care providers for use in a care home context. To address these two gaps in evidence, two pieces of development work were initiated:

- » 1. A year long pilot of Talking Points in three care homes in the Scottish Borders
- » 2. A four month project reviewing the applicability of the Talking Points outcomes for service users for use with people living in a care home.

The Scottish Borders care home pilot found that Talking Points was applicable in care home settings and reinforced ongoing work to embed person-centered and enabling approaches to providing care and support. The pilot also identified a number of challenges in taking forward outcomes approaches in care home settings, which broadly reflect those identified in the community. Alongside this pilot, the applicability of the framework of outcomes for use with people living in a care home was explored through a review of relevant literature and focus groups and individual interviews with 15 older people living in care homes. This research led to the identification of a number of additional outcomes relevant to care home residents. These are summarised in appendix 3.

Appendix 3

Prompts for outcomes for each of the three frameworks

Outcomes for adults living in the community

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Social contact: The person feels that they have enough contact with significant other people and that they have opportunities for social participation (to avoid isolation). This can include family, friends, other service users and staff.

Having things to do: The person has opportunities to undertake activities which interest them, both at home and outside the home (if they wish). This can include hobbies, voluntary work, education and employment.

Safety: The person feels safe and secure at home and in their community. The person feels safe and secure when using services. The person also feels emotionally safe and can rely on access to support when they feel less safe. Where significant concerns about risk arise consideration should be given to a risk assessment being undertaken.

Staying as well as you can: The person feels that they are as physically and mentally well as they can be, given any illness or condition they have.

Living as you want/where you want: The person is able to plan and have control over their daily life and is able to live where they want.

Change outcomes

Change outcomes result from tackling barriers to achieving quality of life, or from reducing risks.

For some people it may be possible to identify a point at which the change has been achieved or partly achieved, and the focus moves to maintaining quality of life.

Improved skills: Relevant where staff are supporting the person to regain skills and capacities

Improved confidence/morale: The person is working towards dealing positively with changed life and health circumstances, and/or personal and societal attitudes towards ill health and disability.

Improved mobility: The person is working towards improved ability to get around within the home and/or outside (includes equipment, adaptations, therapy, transport).

Reduced symptoms: Experiencing fewer symptoms, feeling less depressed or anxious, improved sleep, improved relationships.

Process outcomes

Process outcomes are the impacts of the way the service is provided, or how the person is treated by staff.

Being listened to: The person feels that their views about their own situation are listened to by staff.

Being treated with respect: The person feels that they are treated as someone who has a right to services and as a fellow human being who has individual needs.

Choice/having a say: The person's views are taken into consideration in deciding on a care package, including the nature and timing of support.

Reliability: The person feels that they can rely on staff to turn up when they say they will (or be notified if there is a change of plan) and do what they say they will.

Being responded to: the person feels that services respond to their changing needs and they can rely on services to respond if particular difficulties arise.

Outcomes for unpaid carers

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Health and wellbeing: Negative impacts of caring on health and wellbeing are minimised. The person has sufficient sleep, exercise and some fulfilment in their life.

Having a life of their own: The carer is able to engage in activities which are meaningful to them, including employment where relevant, and to maintain social links, or meet other obligations.

Supporting or improving the relationship with the cared for person: The carer feels sufficiently supported to maintain, or where relevant improve their relationship with the person they care for, including access to mediation where views conflict.

Accessing financial advice: The carer has access to information about benefits entitlements and other financial advice for both the cared for person and him/herself.

Managing the caring role

A specific focus on the carer's role can be beneficial for the carer in enabling them to reflect on their own needs and intended outcomes:

Informed choices about caring, including limits: Giving the carer an opportunity to think about whether, how and to what extent they want to continue caring.

Being informed/skilled/equipped to care: Access to information, training and equipment relevant to the cared for person's needs, to increase carer confidence and skills.

Satisfaction/sense of achievement in caring: Despite any stress experienced in relation to caring, the carer achieves a sense of satisfaction from this role.

Partnership with the service: The carer is treated as a key partner by services involved in the cared for person's life, including active involvement in decision-making

Process outcomes

Process outcomes are the impacts of the way the service is provided, or how the person is treated by staff. Taking time to establish the processes most relevant to individual carers will be an important condition for the achievement of quality of life outcomes.

Valued and respected and expertise as a carer recognised: The carer's expertise on the needs of the cared for person is acknowledged and promoted and the carer is valued for their input accordingly.

Having a say in service provision and in shaping services: The carer feels that their views are taken into account by services, and that their views are fed into the future shaping of services locally.

Respond to their changing needs: The carer feels that services recognise their needs as an individual and that services will respond to changes in the caring situation.

Have meaningful relationships with them: Positive or meaningful relationships with staff so that the carer feels able to communicate both their needs and the needs of the person cared for.

Provide accessible and available services: The carer can access services which are not overly bureaucratic and does not have to wait for months to obtain services. Given that reduced income and additional costs are often associated with the caring role, the carer should not be excluded from service provision due to excessive costs.

People living in a care home

Quality of life

I feel safe and secure: The person feels safe and secure in the care home and in their community. The person is as far as possible physically safe from harm, including risk of falling. The person also feels emotionally safe and can rely on care home staff and others to support them when they feel less safe. Relationships with other people who live in the care home may have an impact on experiences of safety. Where significant concerns about risk arise consideration should be given to a risk assessment being undertaken.

I see people: The person feels that they have enough contact with significant other people and that they have opportunities for social participation, if they choose to (to avoid isolation). This can include family, friends, other residents and staff. Individuals have some choice over who they spend their time with in communal areas of the care home.

I have things to do: The person has opportunities to undertake activities which interest them, both in the care home and outside the home (if they wish). This can include hobbies, voluntary work and education opportunities, where that is possible.

I live life as I want and where I want: The person is able to plan and have control over their daily life, such as what they wear, when and what they eat and how they spend their time. The person has ability to reach key decisions about their life and future recognising the limitations of living in a group environment/ setting

I stay as well as I can be: The person feels that they are as physically and mentally well as they can be, given any illness or condition they have. This includes being supported to stay clean and comfortable, having access to appropriate and nutritious food and drink and support and treatment when the person becomes ill, and the management of any long term conditions, including managing medication.

I have a nice place to live: The person feels that they live in a pleasant and homely environment. This includes the space inside the home, any outside space and the environment in which the home is situated.

I belong to a community: The person is able to participate in the community of their choice. This may be the community within the home or a community that they previously associated with before coming into the care home, e.g. local church group. The person is able to participate in community life regardless of illness and disability.

Process

I am treated as an individual: The person feels that they are recognised as an individual in their own right, with individual needs, aspirations and preferences. Their experiences and achievements are recognised and respected.

I am valued and treated with respect: The person feels that they are valued as someone who has something to contribute and are respected and treated with warmth and consideration.

I have a say in decisions about my care and support: The person's views are taken into consideration in deciding on the support they receive and how the routines in the home impact on their life. This includes the use of sensory and communication aids as appropriate. The person is supported in anticipatory care planning ('thinking ahead'), to ensure their preferences are known.

I am supported to live well and plan for a good end of life: The person has the opportunity to plan for the end of their life, including where they would like to die and the arrangements for after they have died. This process may be facilitated by the use of a specialist care pathway.

I am listened to: The person feels that their views about their own situation are listened to by staff and their communication is supported. This includes the use of sensory or communication aids as appropriate.

My family and friends are involved if I want: The person feels they are able to involve their family and friends in their life, including making decisions about and providing care and support. There is recognition of the importance of the continued relationships and the role of family and / or friends as the person moves into the care home

My privacy is respected: The person is able to be alone when they choose and to receive care and support and pursue interests and relationships in private.

I can trust staff and rely on them to respond: The person feels that they can rely on staff to do what they say they will and to ensure that care and support that they need is in place. The person feels that services respond to their changing needs and that they can rely on services to respond if particular difficulties arise.

Change

My skills are improved: Relevant where staff are supporting the person to regain skills and capacities

My confidence / morale is improved: The person is working towards dealing positively with changed life and health circumstances, and/or personal and societal attitudes towards ageing, ill health, long term conditions, disability and dying. This outcome may be particularly important when the individual first moves to a care home and at the end of life.

My mobility is improved: The person is working towards improved ability to get around within the home and/or outside (includes equipment, adaptations, therapy, transport)

My health has improved or my symptoms are reduced: Experiencing fewer symptoms, feeling less depressed or anxious, improved sleep and improved relationships. Symptoms continue to be managed to enable the person to approach the end of life in comfort and to have a good death. Where the person has dementia, they are supported to manage the impact of the cognitive impairment on their health and wellbeing.

I have settled in to where I am living: The person is working to establish their life in the care home and to adjust to the changes associated with a move to a care home. This may include taking time to come to terms with feelings of grief or loss associated with leaving a previous home.

References

- Andrews, N., Driffield, D. and Poole, V. (2009) A collaborative and relationship-centred approach to improving assessment and care management with older people in Swansea, *Quality in Ageing*, 10(3) 12-23
- Banks, P. (2002) *Partnerships under pressure*. London: Kings Fund
- Bucknell, D. (2006) *Outcome focused supervision*, In HL Reid & J. Westergaard (Eds.), *Providing support and supervision: An introduction for professionals working with young people* (pp41-56). Oxon, UK: Routledge
- Carers UK (2004) *In poor health: The impact of caring on health*, London: Carers UK
- Christie, C. (2011) *Report on the Future Delivery of Public Services by the Commission chaired by Campbell Christie*, Edinburgh: Scottish Government
- Cook, A. and Miller, E. (2010) *Talking Points: Personal Outcomes Approach, Making use of information on service user and carer outcomes*, Edinburgh: Joint Improvement Team
- Cook, A., Walker, E., Miller, E. and Barrie, K. (2010) *Improving Communication around Outcomes: A resource to support reflection and practice development*, Edinburgh: Joint Improvement Team
- Cross Government Publication (2010) *Recognised, valued and supported: Next steps for the carers strategy*, London: HM Government
- DH (2009) *Working together for change: using person centred information for commissioning*. London: Putting People First Programme
- DH (2010) *Transparency in outcomes: a framework for adult social care: a consultation on proposals*, London: Department of Health
- Evaluation Support Scotland (2009a) *Developing a Logic Model* <http://www.evaluationsupportscotland.org.uk/downloads/Supportguide1.2logicmodelsJul09.pdf>
- Glendinning, C. Clarke, S, Hare, P, Kitchetkova, I, Maddison, J and Newbronner, L. (2006). *Outcomes focussed services for older people*. Policy Press: Bristol.
- Glendinning, C., Clarke, S., Hare, P., Maddison, J. and Newbronner, L (2008) Progress and problems in developing outcomes-focused social care services for older people in England, *Health and Social Care in the Community* 16(1) 54-63
- Harris, J. (2006) Incorporating the social model into outcomes focussed social care practice with disabled people. In C. Barnes and G. Mercer (Eds) (2004) *Disability, Policy and Practice: Applying the Social Model*: Leeds, The Disability Press.
- Johnstone, J. and Miller, E. (2010) *Staff Support and Supervision for Outcomes Based Working*, Edinburgh: Joint Improvement Team
- deKlerk, M. (2007). Healing emotional trauma in organizations: An O.D. Framework and case study. *Organizational Development Journal*, 25(2) 49-56
- Lincoln, Y.S. & Guba, EG. (1985) *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications
- Miller, E. (2011a) *Measuring personal outcomes: challenges and strategies*. Glasgow: Institute for Innovation and Research in Social Services
- Miller, E. (2011b) *Good conversations: Assessment and planning as the building blocks of an outcomes approach*, Edinburgh: Joint Improvement Team
- Miller, E. (2012) *Individual Outcomes: Getting back to what matters*, Edinburgh: Dunedin
- Miller, E., Whoriskey, M., and Cook, A. (2008) Outcomes for Users and Carers in the context of health and social care partnership working: From research to practice, *Journal of Integrated Care* 16(2) 19-26
- Miller, E., Cook, A. and Samet, W. (2009) *Philosophy and principles underpinning an outcomes approach*. Joint Improvement Team: Edinburgh
- Miller, E. and Barrie, K. (2011) *Perth and Kinross Healthy Communities Collaborative: Evaluation Report*, Perth and Kinross Council and NHS Tayside

- Miller, E. and Cook, A. (2011) *Recording Outcomes in Care and Support Planning and Review*, Edinburgh: JIT
- Nicholas, E., Qureshi, H. and Bamford, C. (2003) *Outcomes into Practice: Focusing Practice and information on the outcomes people value*, York: SPRU
- Nolan, M R, Brown, J, Davies, S, Nolan, J and Keady, J (2006) *The Senses Framework: Improving Care for Older People Through a Relationship-Centred Approach*. Getting Research into Practice (GRiP) Report No 2, University of Sheffield
- O'Rourke, L. (2010) *Recording in Social Work*, Bristol: Policy Press
- Petch, A. (2012) *We've got to talk about outcomes: a review of the Talking Points personal outcomes approach*, Glasgow: IRISS
- Petch, A., Cook, A., Miller, E., Alexander, H. E., Cooper, A., Hubbard, G. and Morrison, J. (2007) *Users and Carers Define Effective Partnerships in Health and Social Care* available from URL: <http://www.jitscotland.org.uk/action-areas/themes/involvement.html> (accessed on 2nd February 2011)
- Qureshi, H. (2001) *Outcomes in Social Care Practice*, Outcomes of Community Care Practice Number Seven, University of York: Social Policy Research Unit.
- Scottish Government (2008) *National Minimum Standards for Assessment, Care Planning and Review*, Edinburgh: The Scottish Government
- Scottish Government (2010) *A guide to implementing getting it right for every child: Messages from pathfinders and learning partners*, Edinburgh: Scottish Government
- Scottish Government (2011) *Renewing Scotland's Public Services: Priorities for Reform in response to the Christie Commission*, Edinburgh: Scottish Government
- Slasberg, C. (2009) Outcomes, eligibility, resource allocation and personalisation, *Journal of Care Services Management* 4(1) 49-58
- Smale, G. (1998) *Managing Change through Innovation*, London: National Institute for Social Work, London: HMSO
- Smale, G., Tuson, G., Biehal, N. and Marsh, P. (1993) *Empowerment, Assessment, Care Management and the Skilled Worker*, National Institute for Social Work Practice and Development Exchange, London: HMSO
- SPRU (2000) *Introducing an outcomes focus into care management and user surveys*, Research Works: SPRU
- Stirling Council Social Services (2011) *Supervision and Professional Development Planning: Policy and Guidance* : Stirling
- Upton, A. (2010) *Exploring the effectiveness of Collaborative Inquiry in implementing an Outcomes Approach*, Dissertation for MSc at the University of Dundee
- Walshe, K. (2007) Understanding what works – and why – in quality improvement: the need for theory-driven evaluation, *International Journal for Quality in Health Care*, 19(2) 57-9
- Young, A. and Chesson, R. (2006) Stakeholders' views on measuring outcomes for people with learning disabilities, *Health and Social Care in the Community* 14(1) 17-25

Talking Points

Personal outcomes approach

Practical guide

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