Key Messages

Talking Points: Personal Outcomes Approach

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Background to the Talking Points approach

• The Talking Points approach builds on research conducted over many years on the outcomes important to people who use services and their carers. This research was conducted by the Social Policy Research Unit (SPRU) at York University and later by researchers at the University of Glasgow, including Ailsa Cook and Emma Miller.

• Since 2006, the researchers have worked with the Joint Improvement Team, local partnerships and providers, to find ways of building personal outcomes into assessment, support planning and review.

• As the work has progressed, it has become clear that outcomes based working means reorienting wider systems, including building in longer term support for staff and new approaches to planning and commissioning of services.

• The definition of outcomes is the impact or end results of services on a person's life. Outcomes-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users – in contrast to services whose content and/or forms of delivery are standardised or are determined solely by those who deliver them (Glendinning et al 2006).

• Outcomes based working is compatible with the exchange model of assessment (Smale) which means that the knowledge and expertise of each person is exchanged through assessment and support planning, and a plan is agreed through a process of negotiation.

• Talking Points centres on two frameworks of outcomes, ones for people using services, and one for unpaid carers.

• Outcomes for service users come under three categories: *Maintenance* outcomes which focus on trying to maintain the quality of life of the individual, despite sometimes deteriorating health. Examples include feeling safe and social contact. *Change* outcomes result from removing barriers to achieving quality of life, or reducing risks. Examples include reduced symptoms such as feeling less depressed and improved confidence. *Process* outcomes result from the way in which services interact with people. Examples include being listened to and feeling respected.

• Outcomes for carers come under the following categories: *Quality of life of the cared for person, Quality of life of the carer, Coping with caring* and *process* outcomes. Underpinning many of the outcomes in the last two categories is the concept of carers as key partners in providing care.

• Partnership working is necessary to achieving user and carer outcomes as no one agency can deliver outcomes in isolation. Local knowledge of the range of resources available in the community to support individual quality of life is important to outcomes based working.

Talking Points in Practice

• The approach builds on recognised good practice, and as such is often welcomed by staff who see it as an opportunity to 'get back to basics' in working with individuals and families to identify the goals they want to achieve.

• Outcomes based working is based on a conversation between staff and the person using services and/or their carer. It is described by staff as being about 'engaging people rather than processing them'.

• Focusing on the outcomes that people want to achieve in the assessment and planning supports a move away from service led approaches. Outcomes based working is not about services doing things to people, but involves everyone working together to achieve the best possible impact on the individual's life.

• Staff report that talking about outcomes initially takes more time. However, through familiarity, the extra time reduces, and staff have identified that the time is well invested in reaching a shared understanding about what matters, leading to more effective decision making and partnership working, i.e. 'investing time to save time.'

• Staff have also said that focusing on outcomes provides greater clarity in working with individuals and families, particularly where outcomes have been negotiated, agreed and recorded at the outset. Differences of opinion can also be recorded as part of this process. It can be easier to identify when it is appropriate to disengage or reduce the level of involvement, as key outcomes are achieved.

• The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources.

• To support staff concerns about ensuring that individuals with communication support needs are not excluded from the approach, basic interim guidance has been produced and work in ongoing on developing materials to be inclusive as possible.

Using information about personal outcomes

• Outcomes should underpin each stage of the assessment, support planning and review journey with individuals.

• One of the benefits of this approach is that it provides a common language about personal outcomes which are being built into different systems in statutory and provider agencies. This has opened up possibilities for sharing core information and avoiding duplication.

• Partnerships and providers have included both qualitative data and quantitative data (in the form of scale measures) in outcomes focused tools. While the quantitative data provides a means of quickly identifying trends in outcomes, even small amounts of qualitative data can explain what is working and what is not.

• The approach should influence both decisions about individual plans, and also contribute to shaping service provision, through aggregation of the data collected. There are numerous examples of how this has worked in practice.

Embedding outcomes in systems

• The Talking Points approach is based on a relatively simple idea, which is focusing on the outcomes which matter to people. Although aspects of our complicated systems can make this approach challenging to achieve in practice, outcomes can help to refocus on the real purpose of what we are doing.

• Moving from needs led to outcomes focussed practice is both challenging and rewarding to staff; challenging because it can mean having to unlearn current ways of working, and rewarding because it supports a return to professional values and moves away from a focus on problems to a focus on possibilities.

• To support the culture change required to focus on outcomes, partnerships, providers and the JIT have produced staff development materials. There is also material currently available with more in development to support leadership for outcomes as the role of frontline managers has been identified as critical.

• Staff have emphasised the importance of senior management buy-in to the outcomes approach, if it is to make a difference to how services are provided. It is therefore important that staff and management at all levels understand user and carer outcomes, and development/organisational development programmes should take this into account.

• Work is progressing on identifying how user and carer outcomes can be built into contract management and commissioning processes. This place shaping activity has been identified as critical to supporting more sustainable, community based support and services in light of demographic pressures and the economic downturn.

Further information and getting involved

Further information on the Talking Points: Personal Outcomes Approach is freely available from the Joint Improvement Team website

(http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/).

Resources include details of the research underpinning Talking Points and copies of tools, training materials, guidance and other resources developed with partnerships and providers. We are always keen to hear from organisations who are implementing outcomes based working, to share learning and materials. If you would like to find out more, contact Emma (e.miller@strath.ac.uk) or Ailsa (ailsa.cook@ed.ac.uk)