

Values and Principles Underpinning a Personal Outcomes Approach

Personal Outcomes Network, Scotland, May 2016

The aim of a personal outcomes approach is to ensure that people using services and their family or unpaid carers are supported to live the best lives possible, building on their own capabilities. It ensures that organisations focus resources on the impact they have as well as the activities undertaken. The intended audience here is practitioners and managers in diverse roles within multi-sectoral organisations in health, social care and related services, with the aim of supporting consistent understanding of the values and principles involved. Further evidence, examples and practical support for implementation are available via the weblinks below.

Overview

The move towards personal outcomes prioritises good conversations with people about what matters to them, over gathering data for organisational purposes. It is underpinned by the principle of enabling people to participate in making decisions which impact on their human rights.

This shift towards personal outcomes is now embedded in the Scottish policy context, including through the transformation of public services, Getting It Right For Every Child (GIRFEC), Self-Directed Support (SDS), person-centred practice and health and social care integration. This means that organisations adopting a personal outcomes approach are well placed to address associated requirements. Collated information about outcomes can also inform local service improvements.

Figure 1: Outcomes at the heart of policy in Scotlandⁱ



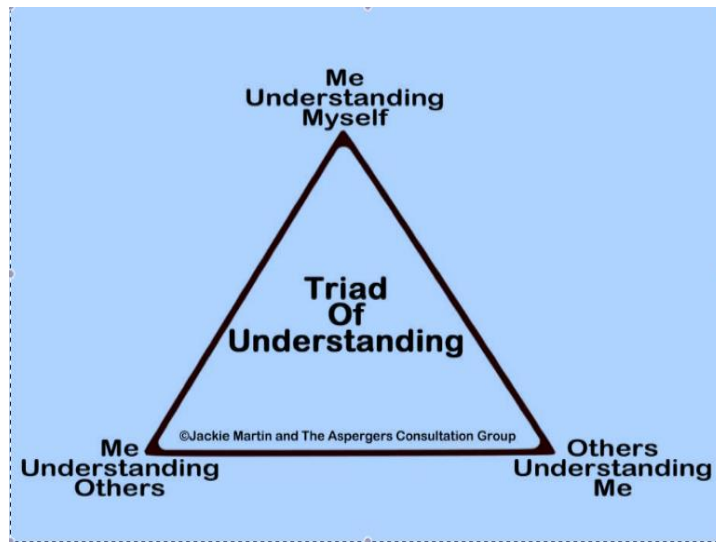
This evidence-based approach begins with a 'good conversation' to find out what matters to the person. This might be different for the person compared to the family carer who supports them.

It means taking account of the person's own abilities, achievements and assets (including people, places, community), as well as ensuring effective use of resources.

A key shift is to start by identifying what the person wants to achieve, and then thinking through how to achieve that outcome.

This means thinking through ‘why’ something is important as well as any action required. Ultimately, the focus on personal outcomes provides opportunities for the person to reflect on their own life, reduce the assumptions made by others and improve understanding between all involved.

Figure 1: Triad of Understandingⁱⁱ



The components of a personal outcomes approach have been defined as engagement, recording and use of informationⁱⁱⁱ. Each component requires attention in its own right, but the feedback loop between frontline practice and organisational use of information is important to realise the benefits. Learning from the Meaningful and Measurable project has demonstrated that with regard to using information, and particularly for understanding performance, the focus should start with what is important to the person, with relevant recorded information feeding up to meet other information requirements. Ideally measures should flow as a by-product of good conversations, rather than high level measures and information requirements restricting interactions (see links below).

Table 1: From personal to national outcomes^{iv}

| Outcome level | Focus | Example |
|---------------------|---|---|
| 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 to keep active and see my friends |
| 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 mobility and ability to live independently |
| 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 organisational boundaries | We aim to maintain or improve the quality of life of people using our services |

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|----------|--|--|
| National | Defined by Government to focus activity across sectors and organisations | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services |
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Values

A personal outcomes approach can involve a rebalancing of the powerbase of relationships between the person and those individuals working with them. It emphasises individual strengths, capacities and resilience, and ensures that people can play the role that they want to in working towards their outcomes. This should be modelled by managers, in engaging with practitioners as individuals with strengths and capacities in routine interactions such as supervision, team meetings and continuing professional development.

Whilst building on good practice is key, focusing on outcomes also requires a ‘culture shift.’ Practitioners repeatedly identify that this supports practice that was undermined by a service driven approach to assessment and planning. Ownership is required at every level. Making the shift also requires the involvement of all partner agencies, which need to recognise and value each other’s contribution, with several organisations sometimes contributing to the same outcome.

Focusing on outcomes can also support a shift from traditionally risk averse practices. This requires a balanced approach to risk, whereby reasonable risk-taking can be negotiated and agreed as part of the outcomes assessment process. Whilst there is also still a need to manage risk in some circumstances, organisations needs to have a clear mandate, to support the shift in practice.

The following principles can inform and guide successful implementation of outcomes in practice. It should be noted that although there are some variations in wording, these broadly align with the principles set out in the policies highlighted in figure 1. Readers are invited to explore the parallels between the principles below and those set out in the policies relevant to their area of interest.

Principles underpinning practice

Integrity: Practitioners have identified that a focus on outcomes goes back to the basics of their professional skills and why they came into their jobs in the first place.

Relationships: Adopting a conversational and relationship centred approach to assessment allows for meaningful engagement, as compared to prescriptive, tick box, question and answer approaches.

Communication: Working with people with diverse communication styles shows that it is possible to identify outcomes using a range of information sources. This includes verbal and non-verbal communication from the person as well as historical records and the perspectives of paid and unpaid carers. The Right to Speak work on assistive and augmentative communication approaches supports this too.

Review: The extent to which outcomes have been achieved, the person’s assets and the continuing relevance of services and supports can be revisited at review. This information will inform further improvement at both the individual and team and organisational levels.

Personal ownership: The approach relies on the analytical skills of professionals to bring together information from diverse sources, most importantly from the individual, who should retain ownership of the outcome, consistent with person centred practice.

Collaboration: Although an individual practitioner can adopt an outcomes approach to an extent, it is more likely to succeed if the practitioner is part of an outcomes focused team. Practitioners also need to be supported by their organisation.

Clarity: Where outcomes are clear and understood, and the assets and strengths of the person are clear and understood, then the rationale for any support/intervention also becomes clearer.

Principles underpinning organisational change

An outcomes approach needs to be adopted by the whole organisation. Communication should be two way and central to the approach. Staff need to know not just that they have permission to practice differently, but that the information they gather will influence service developments.

Adopting this approach can require significant organisational change. It means considering the person in the context of their community. Staff development and supervision are also key. Additionally, there will be a requirement to review financial, planning and reporting systems, as well as the prioritisation of services

A successful outcomes approach requires that systems for collecting and analysing data are developed around practice and do not dictate and restrict practice.

Qualitative and quantitative information gathered on personal outcomes should be used to support, evidence and drive organisational change. Information can be used by partner organisations to identify whether and how they are delivering good outcomes, to understand what is and isn't working well and to further improve services.

Effective communication between all partners is required to support development of a shared vision, and goals, between agencies. Joint planning and commissioning approaches, explicitly focussed on improving personal outcomes, will set a context for realising these visions and goals.

Comparing service led and outcomes focused approaches

The table below compares key features of service led and outcomes focused approaches. In reality, it is not always a case of either/or. For example, practitioners need to think about who they are working with and in what circumstances. In crisis situations, it may be appropriate to think of the person as someone who requires a service. In other situations it is more appropriate to think of a person with skills and experiences who can contribute to their own outcomes, including through supported self-management. Alongside that is the practitioner choice about who to be with that person, an expert or an enabler; recognising that it is sometimes necessary to move between roles (but that this should be a conscious choice), rather than assuming the default position of the expert. Outcome focused practice usually means starting in an enabling/facilitating role then identifying where professional expertise may be needed in contributing towards the outcomes.

Table 1: Summary of service led and outcomes focused practice/systems^v

| | Service Led | Outcome focused/person centred |
|--------------|---|---|
| Endpoint | Delivery of service | Impact of 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 who receives services | Person in their own right with skills, ability and a role to play in achieving their outcomes |
| Practitioner | Expert | Enabler and partner |
| Focus | Identify problems and deficits and match to a limited range of services | Build on capacities and strengths towards creative solutions |
| Recording | Tick box | Building towards a clear outcomes plan |

The table points to constraints in the health and social care system. Although a focus on personal outcomes can help to overcome these barriers, it is not a magic bullet. Sustained support to the workforce to practice in this way is also required. Other aspects of the system, such as approaches to prioritisation, performance management and commissioning need to align to support outcomes and to avoid a return to service led approaches. The need to include feedback loops between practice and information use, has been confirmed by the meaningful and measurable project.

Further, while there is a concern that opening up conversations with people about what matters to them in life, will create demand, evidence shows that many outcomes can be improved without necessarily using more resources. This is partly achieved by establishing shared responsibility and different contributions towards achieving outcomes. There is also evidence that outcomes focused conversations are in intervention in themselves, and that outcomes are already achieved this way.^{vi}

About this document and the Personal Outcomes Network

This document updates a previous version^{vii} to support consistent understanding, and continued development and implementation. It was collated by Emma Miller, University of Strathclyde (also Joint Improvement Team), with contributions from the Personal Outcomes Network Co-ordinating Group, and in consultation with the wider Personal Outcomes Network.

The Personal Outcomes Network (PON) and its co-ordinating group is a national cross sector group with membership from across health, social care and housing. Members work in a wide range of roles but share a common passion for developing and implementing personal outcomes approaches locally and nationally. The PON is an open group based on self-organisational principles, which aims to offer a safe place for reflection and sharing of practice through stories, learning, resources and evidence. Members of the smaller Co-ordinating Group gather evidence of practice change and issues to share with PON members. Through working in this collaborative and evidence based way, the PON and its Co-ordinating Group aim to inspire, energise and influence each other and wider stakeholders, thereby advancing work around personal outcomes in Scotland.

The PON Co-ordinating Group

The PON Co-ordinating Group members at May 2016 are:

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Audrey Taylor, NES

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Further resources

For resources to support personal outcomes approaches (including most references below) visit:

<http://personaloutcomescollaboration.org/>

<https://meaningfulandmeasurable.wordpress.com/>

ⁱ Petch, A. (2012) We've Got to Talk about Outcomes: Review of the Talking Points POA Implementation, IRISS

ⁱⁱ Martin, J. (2013) Triad of Understanding, poster presentation at 3rd Ensact Istanbul conference

ⁱⁱⁱ Cook, A. and Miller, E. (2012) Talking Points personal outcomes approach: A Practical Guide

^{iv} Cook, A. and Miller, E. (2012) Talking Points personal outcomes approach: A Practical Guide

^v Miller, E. (2011) Good conversations: Assessment and planning as the building blocks of an outcomes approach, Edinburgh: Joint Improvement Team

^{vi} Tsegai, A. and Gamiz, R. (2014) "Messages for integration from working with carers", Journal of Integrated Care, Vol. 22 Iss: 3, pp.99 – 107

^{vii} Miller, E., Cook, A. and Samet, W. (2009) Philosophy and Principles Underpinning a Personal Outcomes Approach, Edinburgh: Joint Improvement Team