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We've Got To Talk About Outcomes

Rethinking Enablement:

The Enabling Potential of Outcomes Focused Working

**The Personal Outcomes
& Quality Measures Project**

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About This Series

"We've Got to Talk about Outcomes" is a series of insights developed by the Personal Outcomes and Quality Measures project, hosted by the Health and Social Care Alliance Scotland. Focusing on the outcomes important to people who use care services offers real potential to realise person-centred and enabling objectives, but at the same time challenges several tenets of healthcare quality measurement. This short project set out to determine whether and how a personal outcomes approach could be embedded within several diverse healthcare services supporting people living with one or more long term conditions. This series of insights summarises the key project learning.

The series takes its title from the *Review of the Talking Points Personal Outcomes Approach*[1] that was carried out in 2012 by Professor Alison Petch, Institute of Research and Innovation in Social Services (IRISS).
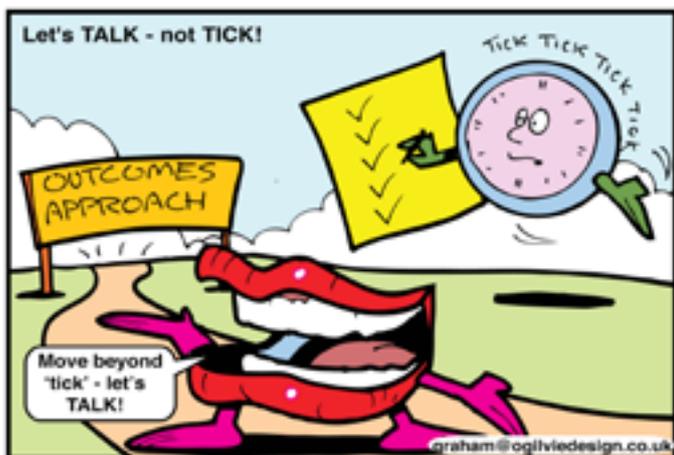
The title is a bit of a play on words, referring primarily to the central role of conversation within a Personal Outcomes Approach.

There has been an excessive emphasis on questionnaires, checklists and tick boxes in recent years[2]. In contrast, supporting people to achieve personal outcomes requires genuine dialogue between those accessing and providing services and reasserts the importance of supportive relationships.

However, there are other reasons why **we've got to talk about outcomes**. Several issues need to be discussed and resolved if future decisions about the design and delivery of care and support for people living with long term conditions are to be not only driven by evidence of 'what works', but are also responsive to what matters to individuals who use health and social care services and respect the principles of 'co-production'.

This series of insights hopes to contribute to that discussion and will inform the focus on personal outcomes within the *People Powered Health and Wellbeing* programme that is being led by the ALLIANCE.

The **"We've Got to Talk about Outcomes"** series:

1. Reconciling PROMS and Personal Outcomes
2. A Question of Purpose: Implementing a Personal Outcomes Approach in Different Healthcare Settings
3. Talking the Same Language: Translating a Personal Outcomes Approach into Support for Self Management
4. **Rethinking Enablement: The Enabling Potential of Outcomes Focused Working**
5. Using the Talking Points Outcomes Frameworks for Evaluation: Limitations, Principles and Practicalities

About this Insight

The Personal Outcomes and Quality Measures project considered 'personal outcomes' and their use in promoting, supporting and assessing the quality of care and support.

A *Personal Outcomes Approach* prioritises conversations and relationships in achieving the outcomes that people themselves identify as important. In this context, 'measures' should therefore be broadly understood in both quantitative and qualitative ways.

This 4th insight report in the series considers the enabling potential of a *Personal Outcomes Approach* and current ways of assessing and measuring enablement.

The insight is the result of two things that happened simultaneously:

• First, informal conversations with healthcare practitioners working in an outcomes focused way highlighted that the mandated use of certain measures of 'patient enablement' (and the related concept 'patient activation') was proving counterproductive to practice

• Second, the discovery that data collected routinely through personal outcomes reviews could potentially be a good indicator of enablement.

The report summarises the learning from work carried out in direct response to these trigger events.

It briefly considers why enablement is important in policy terms, before turning attention to 'patient enablement' and 'patient activation' measures most frequently used in healthcare settings. The report outlines some of their limitations, especially when applied in contexts and for purposes other than those originally intended. In particular, it highlights the mismatch between the assumptions upon which the measures are based and those underpinning a *Personal Outcomes Approach*. It also identifies the need for a broader understanding of enablement applicable across sectors.

The report then considers 'personal outcomes' and the enabling potential of a *Personal Outcomes Approach.* It shares the findings from the analysis of outcomes review data that were indicative of enablement, their subsequent alignment with a set of enablement indicators from the wider research literature, and potential applications of these indicators. The insight concludes by revisiting the interconnections between outcomes focused conversations, supportive relationships, enablement and better outcomes.

Key Points

- The growing policy emphasis on enablement has resulted in a greater emphasis on the measurement of enablement and the related concept of patient activation in a number of healthcare services

- Discussions with healthcare practitioners working in an outcomes focused way found that these measures did not reflect their practice and their mandated use at set times was potentially disruptive to the building of therapeutic relationships

- More commonly used enablement measures are based upon assumptions about people's behaviours, values and preferences that sit at odds with broader understandings of health and wellbeing and ignore people's individual life circumstances

- It is important that the unintended consequences of administering such measures in routine practice are understood

- A *Personal Outcomes Approach* is recognised as offering enabling potential

- While conducting an analysis of outcomes focused care plan reviews, a series of 'interim outcomes' were identified that seemed to be indicative of enablement

- A search of the wider research literature found that they aligned well with an established set of 'enablement indicators'

- The presence of 'enablement indicators' within routinely collected review data suggests that it may be possible to assess enablement as a by-product of outcomes focused working for local service development and improvement purposes

- Given the importance of enablement in policy and practice, and the limitations of current measures in some care settings, the Project findings suggest the need for a more robust investigation into this possibility

Introduction

The Policy Context: The Focus on Enablement

Demographic and societal changes are transforming the delivery of health and social care. Like many European countries, Scotland faces a significant increase in demand for services during a period of financial decline[3].

Policy responses to the need to 'do more with less' include an increased focus on prevention and the broader determinants of health, a shift in the balance of care, integration of local services and enhanced roles for communities.[4-6] Alongside this, there is a growing emphasis on empowering and enabling people to take responsibility for living well and as fully as

they can in relationship with each other in community settings.[7]

A related high profile policy response to the need for public sector reform is the growing focus on 'assets based' approaches and 'co-production'. Given limited resources, the potential to support people to make greater use of their personal and community 'assets' to 'co-produce' health and wellbeing is appealing.[27] This approach has been championed by Scotland's Chief Medical Officer[9], underpins several key health and social care policies[3-8] and has been endorsed by high level commissions.[10]

Enabling people to be partners in care or self-care is recognised by research and policy as key to maximising health and well-being[11]. It is also essential if care and support is to be legitimate and properly respectful of the people using services, consistent with a human rights based approach[12].

In policy terms, enablement and the related concept of empowerment are thus broadly concerned with supporting people to access, use and further develop their strengths, diverse capabilities and rights to lead fuller lives.

The Policy Context: Healthcare Quality Measurement

The current policy climate also includes expectations that all aspects of healthcare quality will be clearly defined and measured to promote appropriate delivery, monitor progress and provide assurances[6,27]. The growing focus on enablement has therefore resulted in an increased emphasis on the measurement of 'patient enablement' and the related concept 'patient activation'. This emphasis on measurement has extended to practice settings.

Measuring Enablement: Implications for Practice

The importance of making comparisons often results in the same measures being used across multiple settings. This may be helpful for decision makers, offsetting issues such as those reported in a recent homecare re-ablement survey, whereby at 'at least 10 different outcome measures' were being used across 24 local authorities, with the remaining 8 unable to report[13]. However, the implications of measurement for practitioners and people using services must also be understood.

Through the work of the *Personal Outcomes and Quality Measures* project, the use of 'patient enablement' and 'activation' measures was encountered in several healthcare settings. Informal discussions with practitioners revealed that their mandated use by people accessing the service, particularly the requirement to complete a baseline questionnaire when accessing the service for the first time, was not always welcome or understood, and was potentially disruptive to the building of trusting relationships.

This suggested a need to take a closer look at the ways in which enablement and related concepts are currently defined, measured and used.

How is Enablement Currently Defined and Measured?

Defining Enablement

Enablement is variously defined and the term can refer both to what would-be enablers do (process) and to what their efforts achieve (outcomes).[14, 27] Enablement and empowerment are also frequently defined in relation to one another. Enablement and empowerment are not new concepts. They are embedded, for example, in the ideas that underpin the allied health professions, support for self management, mental health recovery and social work, albeit with very different emphases.[27]

Enablement is also an umbrella term that encompasses activity from prevention, through intermediate forms of care to ongoing support[15]. It includes concepts such as 're-ablement', which is concerned with the restoration of capabilities, and 're-enablement', which is used in dementia care to promote the prolonged retention and reinforcement of existing life skills.

In social work the concept of 'empowerment' is more familiar and can be defined as "enabling service users to take action to improve their lives".[16] It entails working with people to support them to overcome barriers to solving problems – whether located in the attitudes and practices of professionals and social institutions, or in the beliefs or circumstances of the person. The social worker's knowledge of service provision and rights can be critical. [16]

Within healthcare settings the term 'patient enablement' is more frequently used. This is typically understood as a process by which the healthcare provider recognises, promotes and enhances the patient's ability to understand and manage their health (or illness).[17] It is frequently used alongside the concept 'patient activation', which is concerned with how 'activated' or ready people are to understand and manage their health.[18] Measures for both concepts have been developed.[27]

Measurement of Patient Enablement and Activation

'Patient enablement' and 'patient activation' measures are now quite widely used across various care settings. They do, however, seem to have some important limitations, especially when they are used in ways and in care settings that were not originally intended.

Most 'patient enablement' measures are concerned with the acquisition of knowledge, skills and beliefs required to become more effective healthcare actors and encompass the idea 'self-efficacy' or confidence in ability to manage health (and sometimes life). For example, one validated and readily applied measure is the Patient Enablement Index.[17] This instrument was developed for use following a single primary care consultation, but due its ease of application, it has been used more widely.

The Patient Activation Measure (PAM) has also been used widely in Scotland. It is defined

in terms of the person's knowledge, skills, confidence and motivation to manage health conditions and to collaborate with healthcare providers and is again based on self-efficacy. A recent Health Foundation report[18] offers a critique of current understandings of 'patient activation'. The key issues are:

- Patient activation is measured in ways that emphasise clinical recommendations for health

- The criteria make assumptions about what should be important to people

- They ignore the limits to which people can (or aspire) to know about, contribute towards, or assume responsibility for the management of their conditions or health

- They ignore that people might be highly motivated to improve other aspects of life

- They ignore people's social and material realities

- The emphasis on individual thinking and behaviour ignores the importance of practitioner - patient and other relationships

During the course of the *Personal Outcomes and Quality Measures* project, work within several community teams exposed practitioner concerns about the mandated use of this measure that build on the above issues. These concerns included:

- Not really 'getting' what the measure as a whole was about

- Not fully understanding some specific items within the measure - and as unable to explain adequately to people completing the measure, believing this risked undermining credibility

- Concerns about setting the wrong 'tone' for the

relationship they were hoping to develop, which was much more supportive of people's choice to cope with the challenges of illness in the ways they found most effective and appropriate than the measure suggested

- Concerns that the repeated use of the measure at fixed intervals might suggest a hidden agenda and undermine trust

- Crucially, a growing sense that the 'small signs of change', particularly improvements in aspects of identity and self-esteem that they were recognising and seeking to reinforce, were not mirrored by improvements in the activation scores, even after several months

In addition, a 'patient enablement' measure was being used in some settings. This was less problematic in terms of content. However, by attributing changes in the outcomes to 'a result of the consultation with the practitioner', the overarching question contradicted the approach that was being taken in practice, which emphasised the contribution of the person, purposefully downplaying the role of the practitioner.

Limitations of Understandings of Patient Enablement

There has been a growing requirement to embed enablement in the routine practice of diverse healthcare services, including services providing care and support in the communities and homes of people with increasingly complex care needs and life situations[19].

At the same time, approaches used in practice have moved away from a reliance on educational models to effect behaviour change, or an over-emphasis on modifying beliefs

and the acquisition of specific skills.[20] Instead, collaborative ways of working are emerging that recognise people's existing knowledge, skills, support networks, life experiences and circumstances, together with their values and aspirations in life.[18] The mandated use of narrowly defined measures in such contexts is questionable, as evidenced by the issues highlighted by academics[18] and practitioners on the ground. A further concern is that wherever a limited range of measures predominates, there is a risk of the intervention becoming defined and therefore constrained by the available instruments.[19]

Towards a Shared Understanding of Enablement

The issue of definition is an important one. As a result of policy directives, a more integrated and multi-dimensional approach to enhancing wellbeing than we have had in the past is emerging,[20] suggesting the need for broader and shared understandings. Developing a shared understanding of enablement requires careful consideration. For now, a blended definition is offered below. This incorporates features from several existing definitions of enablement in use across sectors, including those which explicitly reference its multiple dimensions and respect individual values and aspirations, consistent with a personal outcomes approach:

> ### Integrated Definition of Enablement
>
> "Enablement is a (multi-dimensional social) process that helps people to gain control over their own lives.
>
> It is a process that reinforces and develops people's diverse capabilities to satisfy their needs, resolve problems and mobilise the necessary resources to act on the issues they define as important."

The Enabling Potential of Outcomes Focused Working

Attention now turns to the enabling potential of outcomes focused working and the potential insights that can be secured through personal outcomes data.

An outcomes focused conversation can be a very important intervention in its own right. If conducted by a skilled practitioner, it can have therapeutic benefits for the individual[2]. It also offers strong enabling potential. Table 1 below compares essential attributes of enablement, as broadly understood[22], with features of the *Talking Points Personal Outcomes Approach* described in the 'Good Conversations'[23] guide:

Enablement Attribute[22]	Talking Points Personal Outcomes Approach[23]
Build and maintain a therapeutic relationship	Ensuring that people are able to talk about what's important Active listening skills are paramount Acknowledging the challenges people face Managing the expectations of the individual and being honest about the limitations of supports available Grounded in belief that change is always possible
Based on the person's point of view	Finding out what is most important to the person in life, what they hope for and want to be different which may include helping the person to identify their hopes.
Based on the person's strengths, capabilities and rights	Giving thoughtful consideration as to how outcomes might be achieved by drawing upon the person's own knowledge, skills, personal resources and that of their families and local community, together with resources offered by services. The person's strengths are central.
Encourage and support decision-making based on negotiation	The 'exchange model' emphasises the collaborative nature of the conversation, showing how the views of everyone involved are brought together to negotiate, agree and record outcomes.
Help to broaden possibilities	Many people can 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.
Respect the person's ability to seek solutions	Support the person to take control and to shape change in ways helpful to them
Facilitates change: attempts to try new ways of doing	Support the person to tap into resources to overcome any barriers *There might not be any actions required: an invitation for the person and their family to notice change may be enough to evoke a small change which could have huge effects[24]
Recognising and reinforcing achievements	Support the person to notice small changes and their wider benefits for others. Recognise exceptions - when things have gone well.

Table 1 - Enablement Attributes and the Talking Points Personal Outcomes Approach

Discovering Initial Indicators of Enablement in Personal Outcomes Data

Around the same time that informal conversations with healthcare practitioners highlighted their concerns about the use of certain enablement measures in practice, qualitative analysis of personal outcomes review data revealed that this could potentially be a useful indicator of enablement.

The review documentation pertained to a single care service supporting people with complex conditions to remain at home and improve their quality of life through support for self management. Although the text comments were not extensive, they provided some useful insights into the various contributions towards different types of outcome, plus the factors that presented barriers.

The biggest improvements in outcomes were attributable to *interpersonal contact* and the development of *supportive relationships* with practitioners. In particular: *feeling able talk about things*, *being listened to, seeing the same person,* plus *receiving reassurance* and *positive encouragement.* More tangible inputs from the service also exerted an influence to some extent, but invariably in conjunction with the human aspects of support. Together these factors contributed to people's *sense of significance to others* and *self-esteem.*

In addition, the analysis uncovered what the Project initially labeled '*interim enablement outcomes'.* They *could* be mapped to the Talking Points high level outcomes categories, yet there was something distinctive about them. While the analysis set out to identify factors contributing to the attainment of outcomes, particularly aspects of service provision, these 'interim outcomes' related directly to contributions that *the person* was making, taking the form of 'changes' in the way the person was feeling, thinking or doing things that were indicative of a more positive and active engagement in life. The main themes to emerge were:

- Knowing what I can do - and [accepting] what I can't [self-awareness and insight]

- Seeing new possibilities / (renewed) sense of hopefulness for the future

- Rediscovering / recognising skills and talents

- Thinking more clearly about things (sense making and perspective)

- Being happier with my decisions / making 'better' decisions

- Coping better with day to day life / using coping strategies

- Sense of agency / being proactive / taking action

- Noticing (and taking pride in) achievements (even the small ones)

Extracts from the Outcomes Review Data:

"I'm more aware of what I can and cannot do, I need to pace myself"

"I know what to look out for and what to do"

"I'm thinking more clearly"

"Things don't seem as bleak; I can see a way forward"

"I've planned a trip to my sister, which I'm looking forward to. I wouldn't have felt up to that before"

"I'd forgotten I was such a good planner"

"I know now when I need to phone the GP. Before I didn't want to be a bother and I'd always leave it too late. Not now."

"I'm coping with doing things around the house more easily. I can see that"

Identifying Indicators of Enablement from the Wider Literature

A review of the wider research literature was then conducted to determine the credibility of these 'interim enablement outcomes'. Despite being widely advocated in policy and practice, enablement remains quite poorly described in terms of what it actually looks like, and as discussed, measures tend to focus on the 'end outcomes' of enablement, often in narrow health-related terms.

One Canadian study[22] was of particular interest. The research into the enablement of people living at home with long term conditions through multi-disciplinary team inputs had been informed by combining the results of literature review with the findings from previous studies, resulting in the development of a set of '*indicators of individual enablement'*.

The indicators held immediate appeal as they were broadly defined. Each of the 'interim enablement outcomes' identified from the outcomes review data directly matched an 'enablement indicator' from the research literature. However 5 'enablement indicators' had not been identified as 'interim enablement outcomes' by the Project.

The indicators in question were:

- Development of Self-Esteem
- Decrease in Negative Emotions such as Anxiety
- Learning and Developing [New] Skills
- Developing Relationships with One's Support Network / Community Resources
- [Taking Steps to] Improving One's Life Conditions

These aspects, although strongly present in the review data, had been considered outcomes in their own right and had therefore been mapped directly to the corresponding Talking Points outcomes categories.

However, on revisiting the review data, there were instances where where they contributed to the so-called 'interim outcomes', suggesting a more complex relationship than the assumed linear sequence of events. The emphasis that the researchers attached to the 'developmental' nature of these attributes is noteworthy, but the important consideration is the active and positive role of the person. The term 'enablement indicator' therefore seems more appropriate and the full mapping is set out in table 2:

Indicators of Enablement (Research Literature)	'Indicators of Enablement' (Outcomes Review Data from Routine Practice)
Reflection and greater awareness of one's own situation, strengths and needs	Increased self-awareness: Knowing what I can do as well as what I can't / insight
Development of self-esteem	*Taking an interest in myself [self-esteem]** Pride in [small] achievements
Decrease in negative emotions such as stress, anxiety and sorrow	Seeing new possibilities / hopefulness *Reduced anxiety / emotional distress**
Enlightened decision-making consistent with expectations and needs	Being happier with my decisions /making better decisions
Learning, developing or recovering social, communication and other skills	*Using skills and strategies** [new] and Recognising /rediscovering skills - Coping better
Taking action, trying new ways of doing things	Sense of agency / being more proactive / taking action
Developing relationships with one's support network and community resources	*(Re) connecting with others [seeing people]**
Taking steps to improving one's life conditions	*Taking control of / reconnecting with life**

Table 2 - Mapping of Indicators of Enablement from Research and Practice   * Denotes 'indicators' originally omitted from the set

Initial Sense Checking of the Indicators of Enablement More Widely

The outcomes review data and the research studies that had informed the development of the set of enablement indicators related to forms of ongoing care and support that were in themselves of an enabling nature and were confined to support for people living with long term conditions, rather than outcomes focused care planning or enabling practices more broadly. The next step was to assess the applicability of the indicators a bit more widely.

While it wasn't possible to test the indicators systematically within the time scales of the project, a pragmatic approach was taken just to get a good 'feel' for their relevance in the context of outcomes focused working. A small selection of digital stories that had previously been developed

by the author, largely in support of the Talking Points programme, was selected and reviewed. The stories included reflections on outcomes focussed working including intermediate care stories (step-down care home, housing with care, rapid response to avoid hospital admission and early supported discharge from hospital), day care stories, mental health recovery and spiritual care stories. Two carer stories were also included.

The findings, although very limited, nevertheless confirmed the broader applicability of the indicators and were also consistent with the research observation that empathy and enablement are closely correlated[25]. Specifically,

the enablement indicators only featured prominently in accounts where people spoke positively about the relationship with the care provider(s) in terms consistent with the dimensions of the CARE Measure of empathy[26].

Indicators of Enablement and Examples from Practice

The table below offers just a few examples from the outcomes review and story data to illustrate some of the ways in which these indicators of enablement appeared in different practice contexts:

Indicators of Enablement	Example from Practice
Reflection and greater awareness of one's own situation, strengths and needs	I've still got my sense of humour and that's a boon
	I'm coping much better, I know what I can do and when I need to rest, and I'm getting much more assertive about that
	I now realise that I'm going to have to adjust to this and that it's going to take time; I'm more patient now
	I've got a better sense of perspective
Development of self-esteem	I've been feeling a lot better about things, and about myself
	I feel I still have quite a lot to offer
	Now that I'm feeling good, I'm going to have a make-over
Decrease in negative emotions such as stress, anxiety and sorrow	I'm still a bit flat by night time, but I've had a few brighter mornings and that's a blessing
	I've been feeling a lot less agitated, less scared about what next, that fear of the unknown isn't so huge
	It's [sense of loss] not gone, but it's easier, not overwhelming

Enlightened decision-making consistent with expectations and needs	I needed space to think. I realised there was one place I could be myself and think clearly, so I just upped sticks and went
	I used to try to please everyone, but I know I need to please myself too, so I've mastered the 'no' word
	I know now when I need to phone the GP. Before I didn't want to be a bother and I'd always leave it too late
Learning, developing or recovering communication, social and other skills [technical and non-technical]	I have been doing the belly breathing - that's helped
	I used to be so quiet, very self-contained, but recently I've learned to chat, chat, chat
Taking action by trying new ways of doing things (or being)	Just little things like sitting to do the ironing - what a difference, who'd have thought?
	I'm just being myself, I've dropped the act as it wasn't helping
	I have been using the pacing techniques to help me do the things that I really want to do
Developing relationships with one's support network and community	Things had got very tense with [daughter]. So having the conversation, that's helped get our relationship back.
	Making more of an effort to speak to my neighbours and just being a bit more friendly with folks
	[Lunch club]: the whole time George was ill I hadn't left the house, so that was a big step. I had no idea what I'd talk about, but once I sat down, it was like falling off a log
Taking steps to improving one's life conditions / reconnecting with life	I've been walking to the shops, just taking a bit more exercise
	I have spoken to the GP about things and looked at my options
	I knew I had to get the finances sorted out so my wife would be okay, so now that's done I can get myself sorted
	I've had the house decorated since last time you were here and I oversaw all that myself, which was quite a feat
	Since I found out about the council tax [reduced for carers] I've applied for that and that'll be a help

Table 3 - Indicators of Enablement and Examples from Practice

Interconnections between the Indicators of Enablement

In many of the examples it was hard to separate out the different indicators. They seemed to connect with each other in ways that were not linear, but were and overlapping. For example, expanding upon the 'house decorating' example above:

> "I've had the house decorated… which was quite a feat, and that's given me a boost, so I'm feeling ready to try anything - even those breathing exercises"

This interconnectivity is illustrated in the representation below:
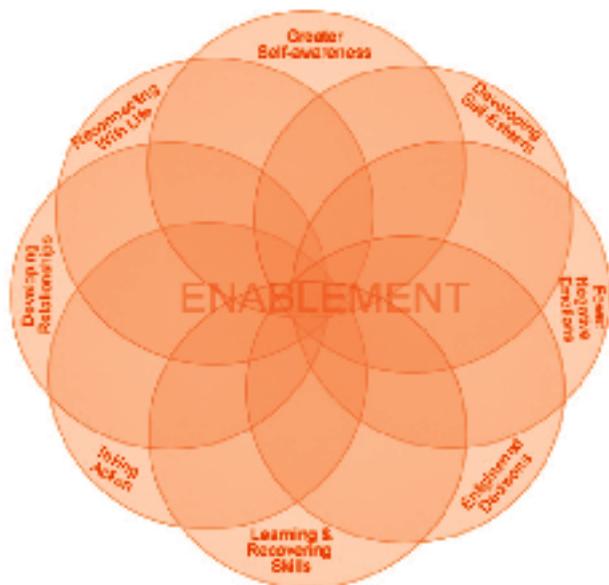
Figure 1- The Enablement Indicators Interconnections

Potential Uses of the Indicators

The observation that the enablement indicators were present within routinely collected outcomes review data and a selection of stories is encouraging, but by no means conclusive. The care setting from which the review data were secured comprised practitioners skilled in supporting self management of complex conditions. Likewise, the digital storytelling process encourages reflection and recognition of the storyteller's own role and changes in thoughts, feelings and actions. Therefore the presence of indicators of enablement might be expected.

The purpose of this exercise was **NOT** to come up with an alternative measure of enablement (or even to identify potential items from which a measure could be developed). It is however important to be able to 'name things' so that practice can develop. Personal outcomes data hold huge potential for learning. It is simply suggested that these 'indicators' could provide one potentially useful lens through which to look at personal outcomes data, should the requirement to better understand the enabling nature of practice arise as part of ongoing development and improvement activity.

The use of narrowly defined measures that make assumptions about what people *should* be enabled to think, feel and do is incompatible with a focus on personal outcomes. If applied in contexts where a personal outcomes approach has been adopted, they may be potentially disruptive to the building of the empathic relationships that are necessary if enablement is to be achieved. This should be guarded against.

Conclusion

Enablement has emerged as an important factor in policy in support of service sustainability and to embrace a human rights-based approach to health and social care. However, there are different understandings of enablement in use across settings and sectors. It is important to develop a shared understanding of enablement applicable across all dimensions of wellbeing that is supportive of integrated and outcomes focused working. While the Project has given some initial thought to this, it is an issue that requires robust future consideration.

A closely related concern is that wherever a limited set of measures predominate, there is a risk that the intervention is defined and therefore constrained by the available measurement instruments. Some of the unintended consequences resulting from the use of measures that are based on narrower understandings of enablement than those employed in practice have been highlighted in this report.

In parallel, a set of enablement indicators has also been identified. These indicators could provide a useful lens through which to look at routinely collected outcomes data, should the requirement to better understand the enabling nature of practice arise as part of ongoing improvement activity. The ability to better understand not only the progress made towards personal outcomes, but also the contribution of the person in achieving their outcomes and the direct benefits of doing so, is very much at the heart of co-production. Again this is an area that would benefit from deeper work.

This insight report began by stating that a *Personal Outcomes Approach* prioritises conversations and relationships in achieving the outcomes that people themselves identify as important. Yet the report itself is heavily concerned with data, definitions, indicators and measures. It is important not to lose sight of the fact that the 'outcomes data' discussed in this report were derived from conversations that practitioners held with people using services about what matters in their lives, their aspirations for valued living and the steps they might take in order to realise them. Indicators of enablement will only be uncovered if enablement is taking place, and enablement will only be taking place if relationships are established based on trust, respect and empathy.

The links between conversations, relationships and outcomes are strongly supported by the evidence[2]. They are also evident in the words of practitioners:

> "Our conversation and listening skills improved and we got better at identifying personal outcomes…..The third light bulb moment came when we began to see the benefits of doing this. People who had previously not made any changes and had very complex chronic problems were beginning to engage in a better way and we were connecting with their lives".
>
> **Kirsty's Story [IMPACT Team]
> "One Small Slice of the Pie"**

For people accessing services and supports, relationships are often hugely valued in their own right, and not simply as a means to better outcomes, as illustrated in the account below:

Building Relationships

I've had COPD for about 15 years. And osteoporosis. You get awfully bored with COPD. You get bored with long periods of illness when you can't do anything and your breathing's hard and you do get a bit despairing at times. Last year, I got cancer l the middle of the year and so did my sister. Then my grandson had to have a pulmonary valve operation, and then my mother died just before Christmas. I had to fly home for the funeral. So when I came back here I fell into a trough, no feeling, don't care, no appetite, no nothing.

Well, the best thing that happened to me was first of all when Claire walked through the door. She arranged for the pharmacist to come and sort out all my drugs out with me, but more importantly, you had someone that you could ask silly questions and who didn't get annoyed, and actually went and tried to find things out for you. And then the next person through the door was Annie - the door was just cranked wider and wider.

I do have a family, very loving and close, but they're inclined to say 'no, no, we'll do it'. They negate you. Families are wonderful to have, but they're not the 100%. That's what's so wonderful about having somebody who's with but not of. I can say things to Annie and she doesn't go all professional on me. She listens to me. She's also very good to talk at, because you can get your thoughts in order. I can ask her any questions, she liaises with my doctor and with the hospital and she got me my beloved walker. What a difference that's made to my life, that is just enormous. I used to be very frightened of going out. It was the fear of collapse. Not fear of collapsing and dying, it was the fear of humiliation. But I'm not frightened with my walker, and I'm glad that I've got my independence back.

I used to be a lot more than I am now, people forget. There was more to me than this. I think that's where the humiliation comes in. And one of the things that you can fall into is this ennui of the spirit if you like: it doesn't matter what I look like. It really does. I shouldn't go out in my baggy tracksuit bottoms, I'm sixty-five. This is not dignified. So I've discussed this with Annie and I've decided, now that I'm feeling good again, next time I'm going to go to an expensive hairdresser and get my hair streaked and I'm going to have a make-over.

It's not just the practical things that she does. Well in fact, that's the least of it. It's the relationship that's very important, it really is. It's having a relationship with that one person that you can talk about all your fears with, no matter how stupid, or your ambitions, and have a laugh, and build a relationship.

Ruth's Story [Impact Team]
"Building Relationships"

Providing the space, time and support to allow conversations to take place and relationships to build remains the priority.

Acknowledgements

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