Personal Outcomes Network: review & impact

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Written by Emma Miller on behalf of the Personal Outcomes Network co-ordinating group

1.Summary

This report includes a review of the Personal Outcomes Network (PON), established in 2015. It includes a brief history, an overview of membership, hosting and the co-ordinating group. The main focus is on what we know about our outcomes and impact based on recent evaluation.

1.1 Key Learning

Our approach to evaluation is still evolving. For now, some key learning points are as follows:

- We continue to shape development of the network through monitoring our outcomes. We can now use our outcome map (see appendix) to support this and also zoom in to look at specific connections between structures, processes and outcomes (page 9).

- We have learned that modelling an outcomes approach contributes towards better outcomes for members. Through valuing the assets that members bring and striving to enable them to have a voice, it is possible for people to feel valued as well as feeling more informed through attending.

- We have learned more about how process outcomes (listened to, respected) connect to change outcomes (confident, knowledgeable) in contributing to changes in practice. Specifically, we have also learned that the sense of belonging associated with the network adds to this, and also how all of that contributes to motivation to change.

- Members facing geographical and time challenges need to feel more connected without attending events and we need to find resources and communication aids to support this.

- The diversity of the network is valued by members and this appears to be because of the connection and learning opportunities as well as wider change seeming possible.

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2. Background / history

The Personal Outcomes Network (PON) aims to influence, inform, promote and embed personal outcomes approaches, with links to person centred care. In other words, it exists to promote a focus on what matters to people in health and social care in Scotland. The PON does this at both a practice level and via contribution to national and local health and social care strategy and policy direction.[1]

The first meeting of the PON was held in September 2015. At a follow-up in January 2016 it was agreed that the network should progress to quarterly events on specific themes, using accessible venues in different cities. For four years now, the PON has continued to meet quarterly and there has been a great deal of learning and development in that period. In the past year as hosting has moved to NES, there has been a requirement to use NHS venues and the Jubilee Hospital in Clydebank has been the sole venue as discussed below.

Work on personal outcomes in Scotland has always had a strong multi-agency focus. Early work on embedding personal outcomes in adult services was led by the Joint Improvement Team, whose purpose was integration of services. For children and young people, the relevant policy is Getting it Right for Every Child which also has a multi-agency focus. This is important because outcomes need to be everyone's business, and no one agency can support people to achieve holistic outcomes.

3. Membership, sponsorship and hosting

A year ago, we had well over 300 members on our mailing list. Although we lost half of our members through GDPR, our numbers are recovering with nearly 200 members now. Some people attend meetings regularly, many attend for specific topics and some sign up to receive updates. Membership includes similar numbers from the third sector, local authorities and the NHS. We have additional members from the independent, care home and academic sectors.

A major strength of the network is the diversity of its membership. As well as the range of sectors involved, there is diversity in terms of the area of work and the roles of members. The PON includes staff from central government, policy, improvement, education, management and frontline practitioners. This influences our outcomes as discussed below.

The network is funded by the Scottish Government. This funding was initially invested via SSSC, which administered the events. In the collaborative spirit of the PON, hosting moved to NES in the last year with no plans to change this arrangement at present.

[1] The first PON output was the Values and Principles paper, available on our website: (https://personaloutcomes.files.wordpress.com/2014/03/personal-outcomes-values-and-principles-paper-may16.pdf)

4. Co-ordinating Group

The network is led, and meetings are planned and managed by a co-ordinating group, made up of colleagues from NES, SSSC, Iriss, HIS, Care Inspectorate, Scottish Government, the ALLIANCE, the Thistle Foundation and University of Strathclyde (see website). This means that network activity and its principles and practices are embedded into the substantive work of each of these organisations and/or links are made to related activity. This allows for 'cross fertilisation' and opportunities to influence emerging work. Importantly, it also means that there is increasingly a shared language and message about personal outcomes which is being reinforced by each of the organisations on the coordinating group, as well as by members.

The co-ordinating group adopt a facilitative approach to the network, attempting where possible to model an outcomes approach. That means recognising and utilising the strengths and assets of the members as far as possible and remembering that it is not our job to fix things for people, but to collaborate wherever possible.

5. Our approach to understanding our outcomes

Our approach to evaluation has evolved as the PON has developed. Led by Ellen Daly at Iriss, we undertook a brief initial evaluation in 2017. As we don't have funding to commission an external evaluation we have undertaken this evaluation inhouse. Evaluating a network rather than a service has presented challenges to us in being a departure from our usual focus on outcomes via services. This has also provided opportunities and there has been new learning and understanding which is influencing the continued development of the network.

For the last few months of 2019 we developed an evaluation questionnaire focused more broadly on the network, changes in learning and thinking and differences to practice. We facilitated a focus group within the co-ordinating group of the personal outcomes network, asking similar questions to those asked of the members in the questionnaire. This was audio recorded and transcribed and is referred to below, along with questionnaire feedback.

We also produced an outcome map, based on methods initially used for evaluating international development projects, using a specific template developed by Matter of Focus. We used our data to shape our map (appendix). We also consulted members at our December event and made further amendments. At this stage we can only tentatively make claims about outcomes for people who use services. We can more clearly report on what our members have told us about their outcomes, and this is captured in brief in the who, what, how, why snapshot of the outcomes map (see section 8 of this report). We found that members of the network value the social interaction and process outcomes as much as the skills, knowledge, tools and resources that they gain. We are very encouraged by reports of changes in practice and in how staff are supported. For those who don't have time to read this full report, we recommend at a minimum reading section 6.4.3 on improved engagement with people using services and staff.

6. Impact

The evaluation questionnaire was distributed at the end of our network event in September (N completed = 24) and December (N = 28) and also by email via our wider membership (N = 27). We had a total of 79 returns on the questionnaire.

6.1 Attendance

Table 1: How many PON meetings have you attended?

No of meetings	0	1	2	3	4	5	6	7	8	10	12	TOTAL
No of people	5	32	20	4	6	2	3	1	2	1	1	77

The figures tend to confirm that many PON members attend the network sporadically. The numbers here are however skewed towards single attendances by the fact that the December 2019 meeting revisited the basics of outcomes and drew in a large number of new members. Anecdotally some members have told us that they select by theme and NHS colleagues have said that they need to know the topic in advance so that they can make the case to attend. Others value attending more generally: "Almost every meeting I get a renewed focus on outcomes from a different aspect."

6.2 Valued features of the PON (What we do)

The following are all features of the PON which were identified as important by members:

- Welcoming
- All opinions valued
- Diverse presentations
- Diversity & cross-sectoral membership
- Lots of space for discussion at events
- Shaping the agenda for future events
- Shared practice examples
- Mix of theory and real-world examples
- Policy engagement
- Well-connected co-ordinating group

The blend of theory and practice which underpins the PON was emphasised in a few comments by members, for example:

> *I think the PON is a great initiative. It is really useful to see real world examples of the approach in action mixed with more theoretical discussions of how it fits with the wider person-centred agenda.*

The network is seen as connected to policy and this brings an added dimension:

> *Also, the opportunity to hear directly from policy makers and engage in conversations that allow us to share and influence thinking.*

A member of the co-ordinating group added the following comment at a group planning meeting:

> *As well as everything that the members bring, an additional strength is the range of organisations represented in this room. Not only do our own organisations contribute a huge amount but us as individuals because we've all been around this area of work for so long and we bring all of our experience and knowledge. We are all here for the same reasons. That spreads to the group.*

We now consider the outcomes identified by members and by the co-ordinating group. Our understanding of outcomes is influenced by the Talking Points approach, in turn based on outcomes identified initially by the Social Policy Research Unit at York University.[2]

6.3 Impact on process outcomes (how we feel as a result of the processes involved)

We received a large response to the question about how the PON makes people feel. Being listened to and treated with respect can be at least as important to people engaging with services as their improved ability to get out and about or manage symptoms. We have found that this is equally true of the network, with the following responses repeatedly given to answer the question about feelings. In addition to established process outcomes identified by SPRU, we added 'a sense of belonging' associated with being part of the network.

Process outcomes

- listened to
- valued
- included
- respected
- a sense of belonging (new)

Some people spoke about process outcomes in more detail, linking features of the network to the feelings involved, as evident in the examples from members below.

> *...have been really struck by how well the network meetings are facilitated, how there is space for everyone to have a voice and how valued we all feel at the meetings.*

> *I cannot over-estimate the value of the conversations around the table and the ideas that are sparked off when thinking 'out of the box' in a semi-structured, informal setting.*

6.3.1 A sense of belonging (associated with being part of the network)

In addition to the process outcomes, we found that there were a large number of feelings identified that relate to being part of a network specifically, including:

- *stronger together*
- *connected*
- *shared values*
- *actively involved*
- *part of an informed community of change*
- *less isolated in making changes*
- *able to contribute at events*
- *proud to be part of this network*

The importance of belonging to a community of like-minded people was emphasised in several comments from members too:

> *All in the same boat, experiencing the same issues/difficulties as well as positives.*

[2] A review of outcomes was undertaken for DH funded project at the University of Glasgow in 2006. The SPRU outcomes were selected and formed the basis for the Talking Points personal outcomes approach in Scotland. (Miller, E. (2011) Individual Outcomes: Getting Back to What Matters, Edinburgh: Dunedin).

The following example illustrates one person's journey over several years with embedding outcomes, the role the network has played in providing a well to sustain them, and their view that policy and practice is shifting in the right direction:

> *It always feels like coming to the well, in that you leave feeling resourced and more determined to continue. This has been crucial, as at times over the last decade it has been hard to go against the tide of a target driven and service led approach. So, to be able to come regularly to the network and be amongst others who are also determined to work in this way has been important and powerful. It has also been encouraging to see the shift in policy and practice happening across Scotland.*

Members of the co-ordinating group commented on the safe and welcoming atmosphere that they experienced, both in the PON events and at the co-ordinating group meetings:

> *I think the ambience that has been created is really facilitative and warm. It's easy to raise questions and we shouldn't underestimate the importance of that.*

6.4 Impact on change outcomes

Members reported personal changes associated with the PON. This included the type of change outcomes included in the Talking Points personal outcomes approach, or outcomes relating to changes in confidence, skills and knowledge, with examples provided below

Change outcomes

- Increased confidence (to speak out, share practice, to be creative)
- Improved understanding (of personal outcomes, of carers' outcomes, of related policies)
- Improved knowledge (of different parts of the system, new approaches, new skills)
- Shared understanding (of personal outcomes, of outcomes across services) (new)
- Increased motivation (to improve practice, processes and policies) (new)

There were many examples of members identifying improved confidence in relation to their practice, and in how they were engaging with colleagues. In the following example one member links improved confidence to how she feels she is treated in the network:

> *Confidence in my ability to communicate with others. I feel I am listened to at the network meetings and my opinion matters.*

Another member talked about new knowledge of good practice in different settings:

> *Learned about good practice from other sectors/services. Found out about what happens in care home and hospital settings, don't always get to hear.*

While the following comment is one of several which valued shared understanding, which does not feature in SPRU outcomes, but could be associated with being part of the network:

> *Really good to have colleagues from all sectors so learning is across all areas where our patients are.*

6.4.1 Increased motivation (associated with being part of the network)

The following list illustrates the new outcome of improved motivation associated with the network, providing a range of examples identified by members:

Increased motivation

- *determined*
- *energised*
- *enthusiastic*
- *motivated*
- *being on the right track*
- *staying focused*
- *hopeful*
- *positive*
- *encouraged*
- *enlightened*
- *re-invigorated*
- *reassured*

It is important to emphasise that the outcomes identified here are not usually entirely distinct from each other. Many examples from members included reference to both process outcomes and change outcomes. How people are treated influences how they feel in themselves, which in turn influences motivation and action. Again, some examples link in specific features of the network related to these feelings, several of which referenced the diversity of membership:

> *I have been a member of the PON since it was established, and have found it to be a space that allows me to reflect, learn and share. It is a unique network as it brings together practitioners from across the sector and from across roles, from people directly providing support to policy makers. This allows me to be part of discussions on all aspects of this approach, from the conversations I have in supervision, to the way I analyse and use data.*

One of the co-ordinating group members highlighted the role of the network in keeping a focus on outcomes, amidst a context of constant change:

> *For all of us it can feel like policy issue top trumps – the agenda moves on constantly. The network helps maintain a focus on something that matters and we can make the connection with the other agendas as they move. We keep a consistent message that the golden thread is personal outcomes.*

Having described process and change outcomes we now turn to consider changes to processes within organisations before concluding this report with examples of changes to engagement with people using services and staff.

6.4.2 Changes to processes

Members identified a variety of changes in their organisations, associated with the PO:

- Have undertaken further research
- Shared tools, resources and ideas with colleagues
- Undertaken improvement projects
- Changed tools for engaging with people using services
- Team development work
- Changes to staff supervision
- Changes in leadership style
- Set up local PON (Shetland and Grampian)

- Changed our organisational audit to reflect outcomes practice

One member described her national work on Support for Decision-Making. She saw the work on personal outcomes as closely aligned and "an important means of achieving self-determination for individuals with cognitive disabilities." From an implementation perspective, the PON provided her with valuable insights into the challenges faced by practitioners.

Another example of changed linked processes and practice was given by a member who had recently worked in a carers centre. She described how the centre created prompt cards to promote outcome focused conversations. They also created a book for carer support workers to help them use the tool. It had been implemented into the work that the staff do with carers and into carer support plans, and was being taken up by other organisations.

A further example was shared by a member of the co-ordinating group:

> *The Care Inspectorate's My Plan guide started a couple of years ago from an idea born in the network. Over time that has been nurtured and then there was a real appetite to do something about it. And two or three networks ago when we came along that really gave us a boost to take it forward. There are really good outputs from the PON that actually influence outcomes.*

We conclude this report on our findings with examples of changes to practice and particularly to how people identify they are engaging differently with people using services, and colleagues.

6.4.3 Improved engagement with people using services, with staff and with policy

Many respondents were new to the network and were able to talk about how the PON made them feel and about *intended changes* to processes and practice. In this section we focus on some of the many dexamples of *actual change* described by members.

Improved engagement with people using the service

> *I am much more open in questioning patients. I get them to tell me their story rather than fill in forms/ boxes during assessment. I also ask them what they want/ how they want to continue during treatment for agreeing management/ treatment / discharge.*
>
> *[Due to asking more person-centred questions] Children have been able to give direct feedback about their experiences. They have expressed what matters to them which is often different to what their parents express as a priority. With this information, we as therapists can act as an advocate for the child's aspirations.*

Improved approach to supervision with staff

> *Had a rethink about [how I do] supervision and see the perspective of those on the other side of it*
>
> *I have gained something to share or integrate into practice at every session I have attended. The most significant was Person Centred Supervision principles. I ask three person-centred questions at the beginning of supervision session with staff I manage.*

Staff have been able to express what is important to them at work and this has guided Personal Development Planning

Improved engagement with both people using the service and with staff

I have adopted more person-centred practice at work in relation to communication with service users and staff I supervise

Improved approach to engagement in the organisation

Adopted a facilitative approach to structure discussion at similar sessions I've arranged in house

I think from a person focused and not service led perspective now. I use an outcomes approach for everything I do - what's the outcome we want from a learning event, a meeting or an inspection....and it always comes back to what matters to people

Improved engagement with policy

I think that point is really important in terms of the opportunity for improvement, that it is more than a talking shop. The issues that are raised through the network, because of the organisations involved, have an opportunity to influence real change. I remember one meeting I was at there was an issue across all the tables about people believing that "care inspectorate inspectors would not allow us to do that." And someone from the Inspectorate was in the room and able to stand up and say I hear you and we're listening and here is what we are going to be doing about this.

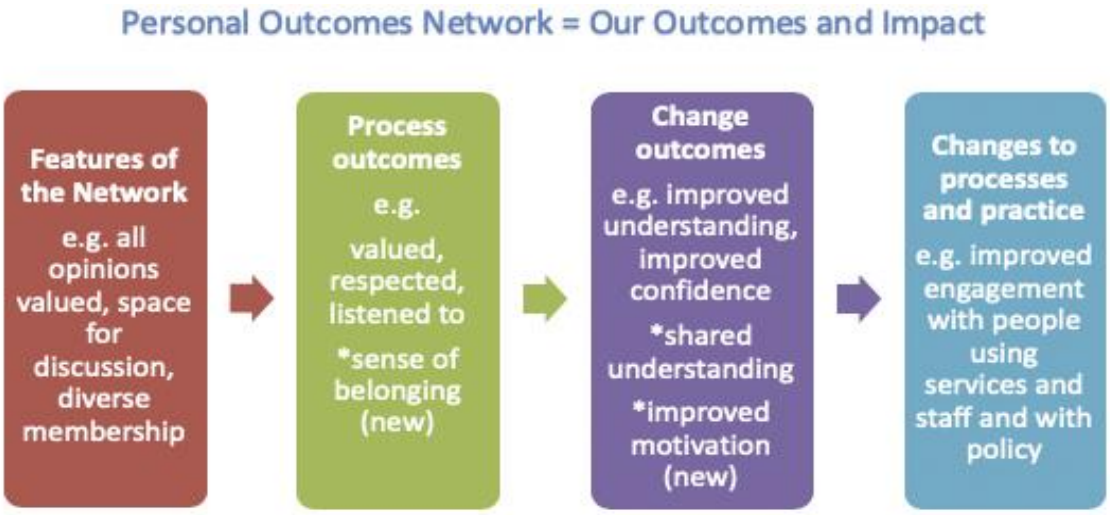
7. What would you change about the network?

We realise there is a possibility that members who feel more positive about the network took the time to complete the questionnaire and this may have skewed our results. There is always room for improvement and several suggestions and recommendations were made including:

- *As much advance notice of meetings as possible*
- *More opportunity for contact between events / webinars / online forum*
- *Better VC opportunities (for individuals as well as services)*
- *More examples of good practice and case studies on the website*
- *Easier access to tools*
- *Develop a local PON*
- *Return to circulating the venue*

8. Summary snapshot of our outcomes

The diagram below presents a brief snapshot of our key themes from the evaluation. This shows features of the network that contribute to our network related outcomes and in turn how the latter relate to changes in processes and practice. This sits under our outcomes map (see appendix). The Talking Points outcomes also include Quality of Life outcomes. We would hope to reach further into services in the future to assess outcomes for people they engage with.



9. Conclusion

This evaluation has provided the PON co-ordinating group and membership an opportunity to pause, take stock and find out more about our outcomes. This has helped us understand how the network contributes to the embedding of relevant approaches across organisations whilst also contributing to better outcomes for the members and ourselves in the co-ordinating group.

A key learning point has been understanding the different types of outcome people associated with the network. We are interested to note the salience of process outcomes and the addition of a sense of belonging specifically relevant to an inclusive network. We also recognise the importance of change outcomes, noting the additions of shared understanding; relating to the diversity of membership and improved motivation which was expressed using multiple terms.

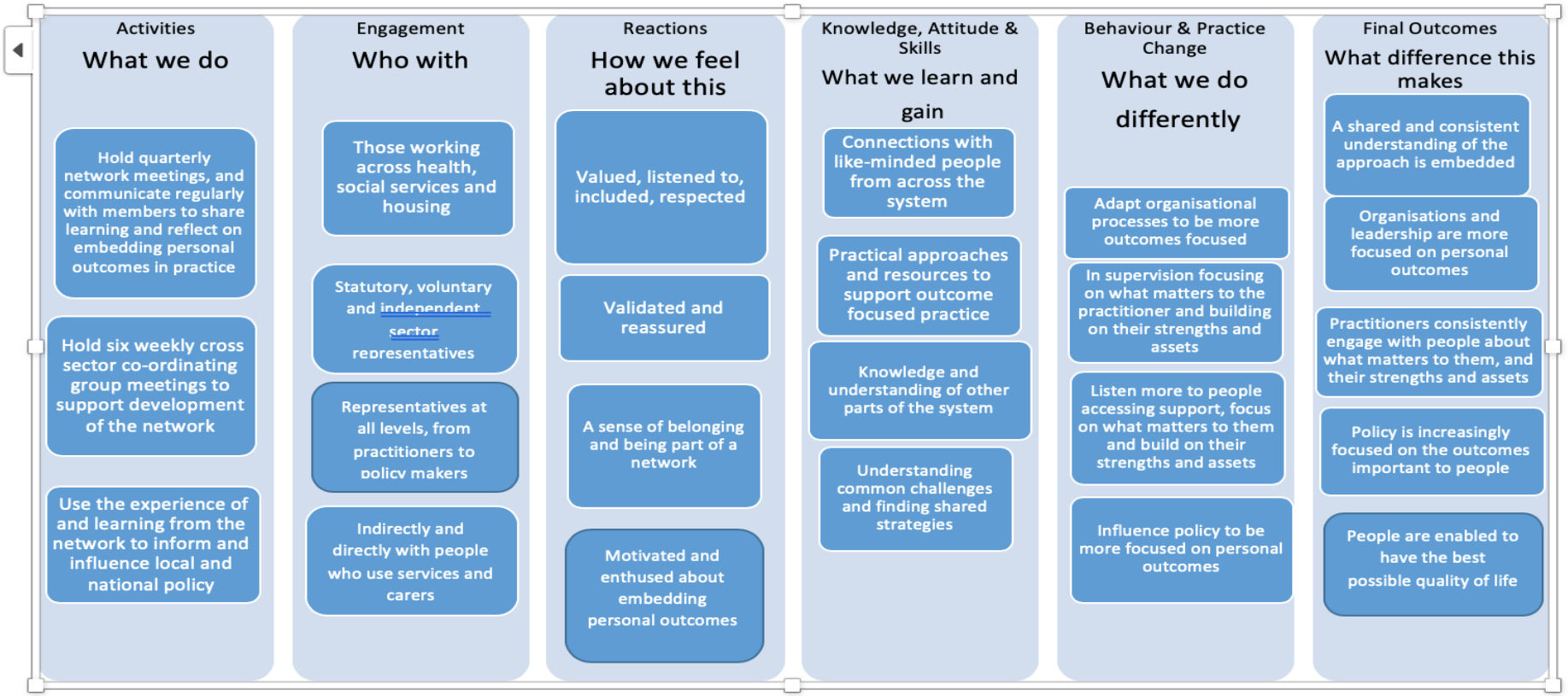
In turn, all of this links to the changes members are making to processes and practices within their organisation, and ultimately and most importantly to how they engage with others. We are particularly struck by the many examples of members engaging differently both with people using their services and also with other staff either sharing learning and through supervision and/or other points of connection in the service. What we are unable to do at this stage is to reach into services to find out about outcomes for people who use those services. However it has been encouraging to find so many examples of positive changes in organisations.

As a co-ordinating group we believe our evidence shows that modelling an outcomes approach underpins many of the positive changes identified. That is, we recognise that the members of the network bring a great deal of knowledge and skills and that our job is facilitating exchange. Members also adopt this approach in the way they work in their own organisations. In addition, dialogue with people from diverse parts of the system is valued highly by everyone involved. Connections between research, policy and practice are also identified as adding value and in contributing to the real changes that make the network 'more than a talking shop.'

We note the further improvements identified by members as above. We aim to respond to these where possible. With funding newly agreed by the Scottish Government for 2020/21 we look forward to continued engagement with members and would like to give a special thanks to everyone who responded to our questionnaire, providing such rich examples of positive change.

Appendix

Personal Outcomes Network: Outcomes Map



Headings adapted from the version of outcome mapping promoted by Matter of Focus