



## **Good conversations: Assessment and planning as the building blocks of an outcomes approach**

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## Introduction

Taking an outcomes approach means engaging with the person and significant others to find out what matters to them, what they hope for and what they want to be different in their lives. This approach involves thinking about what role the person themselves might play in achieving their outcomes, which can be a significant shift from more traditional services where the solutions are viewed as located on the service side. The practitioner adopts an asset based approach to wellbeing by focusing on the person's own knowledge, skills, personal resources and that of their families and local community, together with resources offered by services. This process may require managing the expectations of the individual and being honest about the limitations of services and supports available, while thinking creatively about possibilities. This provides the basis for working together to ensure the best quality of life possible and the greatest independence for the person.

## Fundamental Skills

Working with individuals to focus on their outcomes builds on skills fundamental to good practice. Good communication skills are essential to build trust and rapport between staff and people using services, and the relationships which underpin an outcomes approach. A recent review of the literature (Bell and Smerdon, 2001) found that good relationships are required for wellbeing and good outcomes, and that a focus on outcomes rather than outputs allows relationships to thrive. The links between communication, relationships and outcomes are strongly supported by the evidence and all three can be brought together through good quality assessment and planning with individuals. In developing outcomes based working in Scotland over the past few years, interest in communication has grown at different levels.

- 1) Staff have asked about what an outcomes focused conversation looks like, and have identified that this is a different type of conversation than has traditionally taken place in services and therefore there is a need to support the shift in practice.
- 2) Staff have highlighted that although good communication skills are at the heart of practice, the way our systems have developed has encouraged a process-driven, formulaic approach, and the skill involved in good conversations for effective practice has been underestimated. This guidance will revisit some fundamental requirements of communication in practice, as well as outcomes focused aspects.
- 3) Finally, staff identified a concern to avoid creating a two-tier system whereby individuals who were easily able to articulate what was important to them would achieve better outcomes than individuals with communication support needs. Separate work has been carried out to facilitate an outcomes approach with people with [\(Link to website\)](#).

## Principles of outcomes focused practice/conversations

This section highlights key practice elements which support outcomes based working.

### Outcomes focused practice

Outcomes focused work involves staff building a relationship with the individual and actively listening to the person's 'story'. In addition to general communication skills such as active listening, there is additional skill involved in working flexibly and allowing the person to determine the order in which they want to talk about their lives, while ensuring that core areas are covered. Smale et al (1993) described moving away from a question and answer model, or a procedural model driven by pro-formas, to the exchange model – whereby *everyone* is an expert, including the person and if relevant, their carer and the assessor, and assessments, planning and review are therefore co-produced.

## Exchange Model of Assessment



An outcomes approach supports the “exchange model” where the person’s strengths and aspirations are central, and a process of negotiation includes the expertise of each participant. The relationship is important in working through tensions arising due to scarcity of resources and staff requirements to remain accountable to the agency. This is consistent with an assets based approach to health, whereby the focus is on what the person wants to change in their lives and the resources and strengths they bring to realise desired changes.

### Solutions focused practice

While it is important to acknowledge the challenges people face, there is a role for solutions oriented thinking. Solution focused approaches assume that change is inevitable and that the worker’s role is to support people to notice, 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 their hopes. This includes building strategies that individuals have used to achieve their goals, and thinking about ‘exceptions’ or instances when the person is experiencing the life they want already or times when they experience less difficulties, what tactics they have used to cope with their situation and what they have ‘noticed’ themselves.

### Summary of service led and outcomes focused practice

	Service led assessment		Outcomes focused assessment
<b>endpoint</b>	delivery of service	S H I F T	impact of the plan
<b>format</b>	pre-determined question and answer formats		semi structured conversation = open questions
<b>approach</b>	obtaining information required for form filling = ‘filtering’ information		skilled interaction including active listening and reflecting back
<b>person</b>	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
<b>practitioner</b>	expert		enabler & partner
<b>focus</b>	identify problems and deficits and match to a limited list of services		build on capacities and strengths towards creative solution
<b>recording</b>	tick box		building a picture towards a clear plan for achieving outcomes

## Supporting staff to be outcomes focused

If front line staff are to be outcomes focused in the work that they do, the organisation also needs to be outcomes focused. High level and visible buy in from senior management is essential to enable staff to focus on outcomes. Ongoing support is also required for staff to remain outcomes focused. For this reason, guidance has been produced on outcomes focused supervision (Johnston and Miller 2010), available on the Talking Points website.

## Communication skills

Good communication skills are essential for effective practice. We know from research that process outcomes, such as being listened to, included in decision-making and being treated with respect, really matter to people, particularly when they are facing difficulties in their lives (Petch et al, 2007). The ability to really listen, to be a 'good listener' requires concentration and effort, particularly to avoid distorting what the other person is saying. The goal must be to listen with an open mind, and resist a natural tendency to jump to conclusions. Gerry Egan and Andrew Bailey have done a lot of work on communication skills. They highlight the need to avoid 'partial listening'. This is listening that skims the surface.

Partial listening is of interest when considering barriers to effective listening in services. It is likely to occur when, usually unknowingly, staff apply filters to the conversation. An example would be when someone tells the worker they have a problem and need to talk to someone who understands. The worker stops listening at that point and starts thinking about how the person could be fitted into the new peer support group. She is so busy thinking about this that she misses the person saying that they find it very difficult to talk about their situation because privacy is a key concern. When the worker then suggests the peer support group, the person feels discouraged because the point about privacy hasn't been heard.

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 staff, particularly under time pressure, filter what the person says to find the information which they are obliged to gather for bureaucratic purposes. Experience has shown that when staff have got used to a tick box approach, adopting a conversational approach is a challenge. However the conversation is central to outcomes based working because it provides an opportunity to investigate the uniqueness of the individual's situation. Other filters can inhibit open minded listening, including any prejudices and tendencies to stereotype. While it is perhaps impossible to lose all filters, it is possible to listen with an open mind and avoid jumping to conclusions. The following techniques can help

Prompt questions: The listener asks open ended questions to clarify information

*'Can you tell me more about what's been happening with the support group'*

Paraphrasing: A concise statement of the speaker's words:

*'You believe that your brother needs a personal assistant because he has no road sense'*

Reflecting Feeling: The listener concentrates on the feeling words

*'You are worried because it's been an unusually long time since you heard from Jane.'*

Summarising: A statement of the main ideas and feelings to show and clarify understanding

*'You are frustrated and disappointed that the assessment took so long and confused about why the referral wasn't made earlier as that's what you thought happened.' You want to move on now and are hopeful that you can trust the new worker.'*

## Focusing on outcomes in practice

An outcomes focused, asset based conversation will centre around a basic line of inquiry:

What is important to you in life and what is it that you want to achieve (outcomes)

How will you know that you have achieved those outcomes?

What are your strengths, abilities and the resources available to you that will enable you to achieve what you want? (assets)

What's already working and what's been changing toward what you want?

What will be the next small signs of movement toward what you want?

The following examples describe situations where an outcomes focus shapes conversations between staff and an individual service user or carer. Although specific teams and settings have been identified for each conversation, it is intended that the principles in each one can apply to any setting. The purpose of these examples is to highlight the importance of effective listening, and illustrate some core skills involved in conversations about outcomes. The first example is someone approaching services for the first time, while subsequent examples illustrate follow up sessions. These examples illustrate the approaches that can be taken at different stages of outcomes focussed practice including:

- Identifying what matters: issues of concern and what people want and hope for.
- Developing shared agendas for collaborative working
- Describe "personal outcomes" by adopting a future focus
- Focus and build on what's working and existing strengths
- Support the person to tap into existing local services
- Follow up - Focus on change and small improvements

### Identifying what matters (Carers Centre 1)

With service led assessment, the tendency has been to start from consideration of how the individual can be matched into services, as well as meeting agency information requirements, allowing limited space for the person's views. Outcomes focused assessment starts by identifying what matters to the person, rather than intervening quickly to match 'problems' with services. This is a skilled process, which means that the necessary information can be gathered, but with a flexible approach. This requires active listening and can involve prompting and reflecting back what the person says to encourage them to talk

Worker: Would you like to start by telling me how things are going for you at present?

Jim: I'm not sure if I've come to the right place. But it's about my mum. She lives with my wife and me. She has dementia and I'm really worried about how I'm going to keep going with everything.

Worker: You have come to the right place. We work with a lot of people in similar situations to what you just described. But can you tell me more about what's happening?

Jim: Well, I still love my mum but she is getting more and more confused, angry and tearful, and to be honest I'm feeling the same: - angry, and upset and on top of that guilty too.

Worker: So there's been a change recently that's making things more difficult at home?

Jim: Yes, she's definitely been going downhill, and the problem is I know she doesn't want to live anywhere else. Well, I don't want her to either but I don't think I can keep coping.

Worker: It sounds like the pressure has been really building up recently. You mentioned your wife too. How does she feel about all of this?

Jim: The trouble is I'm not sure what she thinks. She is not saying that she wants mum to move out of the house but I can't help feeling that is what she wants.

Worker: What you have described is a recent build up of stress in your home since your mum's health has gone downhill. There is a lot of emotion involved and you are not sure exactly what your wife feels about it all. But until recently you were managing pretty well

Jim: That's it in a nutshell.

Worker: You have got a lot on your plate. It might reassure you to know that we do work with people in similar situations, and there are different ways of trying to make things more manageable. We should talk some more about how things are

Jim: I have to say that it does feel good to talk about this to someone else.

In this opening conversation, Jim talks for the first time to someone about his concerns. A lot of what he describes is familiar to the worker, who has encountered similar situations before. However, she does not attempt to short circuit the conversation, or jump to conclusions about service solutions. Instead, she supports Jim to tell his story, using prompts and paraphrasing to encourage him to talk more. Jim feels reassured that he has come to the right place, that has been heard and understood, and that there will be further opportunity to explore his concerns, with a possibility of change for the better. A fuller version of this initial conversation with a carer is available on the website (Jim's Story)

### Identifying what matters: A good (or not so good) day (Dementia Service)

Some staff have told us that they have used the 'good day' scenario when working with people with mild to moderate dementia. Supporting someone to describe what a good day looks like for them can help to define what is important to them. This can also be used to work out what is not going so well. In the following conversation Susan speaks to John, who has recently started using the service and seems a bit anxious.

Worker: John, I wanted to chat to you today about things that are important to you. Could you maybe tell me a bit about what a good day is like for you?

John: A good day, that's getting out and about, going for a walk

Worker: You like getting out and about? Is that every day?

John: Every day I like to get out.

Worker: That sounds good. How many days in a week do you manage to get out?

John: Most days I do. I like Saturdays. With Alec, my brother. He doesn't work on a Saturday

Worker: So you like to get out every day and especially Saturdays because Alec is with you.

John: That's right.

Worker: What about a day that's not so good? What is that like?

John: When I forget my keys. That's a bad day because I worry about how to get home. It happened the other day

Worker: That does sound like a worry. What do you do when that happens?

John: Phone Alec. But sometimes he's not there. Maybe he's working

Worker: So if you don't have your keys and you can't get Alec what do you do?

John: I keep phoning him until he can answer, but sometimes he's not there. The other day I waited a very long time at the bus stop for Alec to get me. He was fed up with me. But I like to get out

Worker: Yes, I can see that it is really important to you to get out every day. Would you be interested in working something out together so it's not such a problem if you forget your keys.

John: yes, that would be good

### Developing shared agendas for collaborative working (Criminal justice team)

Some sector and services work with individuals on an involuntary basis. Even where the individual is very reluctant to engage it can still be possible to identify outcomes which meet both the individual's and the agency's requirements. Envisaging a different future can help to build a sense of the possible and support development of a shared agenda for working together. (This example is based on one from the supervision guidance, see references).

Worker: So how are things going Ian?

Ian: Same as last week. I don't want to be here and I still want you lot out of my life.

Worker: Yes, I remember you saying that before. I wondered if we could look at this from a different angle.

Ian: What do you mean?

Worker: Well, you have been really clear for weeks now that the biggest goal for you is to get us out of your life. And to be honest, we don't want to work with people longer than necessary. It's a sign of success for us to get people off our books!

Ian: So you're saying we both want the same thing

Worker: Yes, I guess that is what I am saying.

Ian: Can you put a timescale on when we get to say goodbye?

Worker: I think we could set out a timescale with goals on the way. We would need to have another go talking about self-management as part of the plan

Ian: Right. And what about me getting a tenancy?

Worker: That could be included as one of the stages in the plan

Ian: I want to see what this plan is going to look like

Worker: That's what I'd like us both to work on.

### Describe Personal Outcomes by adopting a future focus (1) – use of the Miracle Question (Family support service)

Sometimes an individual can feel overwhelmed by their situation and it can seem like they are 'stuck' in a situation. While it is important to acknowledge the challenges the person is facing, the miracle question can help to build a sense of possibility. By drawing a line round the problem, the individual is encouraged to envisage a successful outcome

Worker: Suppose for a moment you woke up tomorrow and a 'miracle' had happened and all your problems were resolved. What is the first thing you would notice?

Sandra: The miracle would be that Lee would be like the lovely kid he was before the teenage monster got hold of him. Well, I know that's impossible, but at least it would be nice if he would show some interest in school or the family, or anything really.

Worker: So what would happen if he was showing interest?

Sandra: Well I would be asking him about things he was doing like when he was small. I would chat to him about what he liked and what he enjoyed and he would chatter right back

Worker: So what's he doing now that gives you the feeling this might be possible?

Sandra: ...The one thing he gets fired up about is his music.

Worker: In what way does he get fired up about music?

Sandra: He saved for ages to get an i-pod. He even did a lot of chores for me and his gran for pocket money to put towards it. He showed he could work if he wanted to and I guess I was really pleased about that

Worker: What else you would notice?

Sandra: He would be coming to me instead of me always going to him and he would chat to me. Maybe when I talk to him again about the problems he is having at school I can remind him of all that work he did to get that i-pod

### Describing Personal Outcomes by adopting a future focus (2) (Long Term Conditions Team)

In some cases, life circumstances can seem so complex that the person can't see the 'wood for the trees'. In this example Andrew is invited to focus on small changes in one area of life to start with

Worker: You have described a lot of things you are trying to cope with at the moment, on top of your own health problems. I am not surprised when you say you don't know where to start. Maybe it would be easier if you imagined you were to be granted one wish. What would you do with that one wish?

Andrew: The one thing I would want more than anything is to get on better with my wife. I hate that we are not friends any more. Well, we do talk, but we are treading on eggshells because there is just too much bad feeling through everything that has happened

Worker: So, how would you know you're getting on better? What would be different?

Andrew: I don't know. We're together 24/7 and with dad living with us and our three children to think about. I don't know... I've had the ups and downs of my own health recently.

Worker: So, given your circumstances, what would be different that would tell you that you getting on better with your wife?

Andrew: (Pause) Now I come to think about it we never get time for just the two of us, at least not in the last year. It's amazing isn't it how you don't even notice things changing right in front of your nose. I think if we could get some time to ourselves and a chance to calm down a bit we could maybe at least start talking

#### Focus and build on what's working and existing strengths (Child Protection Team)

In some situations where risk has been identified as a significant issue, high levels of professional anxiety can result in a risk averse approach to the inevitable uncertainties of child protection work (Turnell 2010). However, the ability to continuously question decisions and events, and to be able to recognise and acknowledge positive aspects of families alongside assessment of risk, opens up possibilities for building constructive relationships

Worker: Since the case conference last week you have said that you don't want to work with the team any more. Could you please tell me more about why you feel like that?

Donna: I don't see any point in working with you. All I hear from the team – like what happened at the case conference – is all about what I can't do because I've got a learning disability.

Worker: So, you've had a lot of negative feedback which puts you off working with us

Donna: What you don't realise is that I can do things.

Worker: I remember that you said that at the case conference. Can you say more about that?

Donna: I said it because I can do things, but it just takes me longer. I can learn if you give me the time to do it

Worker: I've been thinking about what you said and we should be thinking about that. We should be looking at what you can do as well as considering the risks to Lauren. So I wondered if today we should start thinking about strengths and maybe weigh them up against the risks

Donna: What, look at my strengths?

Worker: Yes. Your strengths, and other things in your life which might help make things safer for Lauren. That might help us in our work together. What do you think?

Donna: I think looking at the strengths is a good idea

### Focusing on exceptions (Physiotherapy Clinic)

In order to keep on track, it can help to focus constructively on what has gone well, and supporting the person to identify what happened when they did manage to make progress.

Worker: How did you get on with the exercises?

Kathryn: I'm afraid I only managed to get them done once last week – I've been so busy.

Worker: Oh... so, how did you manage to get them done on the day that you did do them?

Kathryn: It was Wednesday... I got up earlier to do them, before the kids got up.

Worker: How'd you manage that?

Kathryn: That was the day after we met so I was motivated to make the effort, but the rest of the week, I've been too tired and too stressed.

Worker: So what did you do to get up earlier?

Kathryn: I went to bed earlier, set the alarm and laid out my exercise mat.

Worker: And what difference did it make, doing the exercises?

Kathryn: It did help, my back was less stiff, but since then I've been stressed and achy.

Worker: And what difference did it make to the rest of the day, when you did the exercises?

Kathryn... yes, my back was freer that day. I was hopeful that these exercises are going to work for me, but then things kicked off at work and well, I guess I lost the focus. I need to find a way to get these exercises done

Worker: What would be different about a week where you were doing the exercises?

Kathryn: I wouldn't be so stressed and tired and I would less crabby with the kids

Worker: What would your kids see different?

Kathryn: Well, they'd see me taking time for myself when I get home... I used to do yoga... just 20 minutes worth before getting the dinner on - the kids were alright - they watched TV

Worker: What do you think of that?

Kathryn: I could do that again, it was really helpful. I'm not sure why I stopped - busy I guess

Worker: Ok, so... shall we take a look at your back?

### Support the person to tap into existing local services (Community Addictions Service)

Some community based services have identified that service led assessment resulted in a very limited range of service solutions to meet identified needs. In switching to an outcomes focus, some areas have invested in developing a knowledge base of a wide range of resources available in their local communities, to support better outcomes for individuals.

Worker: So Moira what brought you back to drinking at the weekend?

Moira: I don't know. Believe me I wish I hadn't done it, especially bringing the police to my door and the kids being so upset. I know that drinking always brings trouble but sometimes I get so bored I feel like I'm going crazy. That's always what starts it, the boredom and the feeling of being trapped gets too much and I just want a change so I don't go mad.

Worker: What kind of change?

Moira: I would love to work, maybe even in an office. I only worked for a couple of years when I left school, then I had Liam and it's just been the kids since then. But what job could I get? I have no skills?

Worker: No skills? Are you sure about that?

Moira: (pause)

Worker: What about managing this house, your income and four children on your own.

Moira: I never thought about it like that...

Worker: If you want, we could write down all the skills involved and I suspect a lot of them are things that you need for work.

Moira: I guess that's true, but I still think I would need some training first. You need computers for everything these days....

Worker: Well, there's that course at the skills centre – computing for beginners. Would that be something you would be interested in?

Moira: Would there be folk like me there?

Worker: Well, there is a course about to start for single parents if that's what you mean.

Moira: Great. I might even make a new friend. It's a long, long time since that happened. I would give it a try if you come with me the first time, just till I get settled in

Worker: Sure ... so, about the skills that you already have...

### Follow up – focus on change and small improvements (Mental Health team)

Focusing attention on small improvements conducive to wellbeing is a key aspect of asset based and outcomes focused approaches. This approach stands in contrast to a deficits approach which would focus on trying to break patterns of behaviour detrimental to health and wellbeing. Even when a person knows that a relationship or a situation is causing them stress or harm, it can be a huge challenge to identify how to make a change and then to

make it. In this example, the worker supports the person to recognise that they are already making small changes, to encourage continued progress.

Worker: How have you been since last week?

Susan: Well, I've had good days and bad days but probably more good days

Worker: How come you've had more good days. Has anything different happened?

Susan: Well, one thing I did different from usual was when my sister phoned

Worker: What was it you did differently?

Susan: Yes, well, she phoned me really late on Tuesday and I could tell she was trying to pick a fight with me. I knew how it would go and then I would lie awake all night worrying. So I said "I'm sorry Anna but I don't have the energy for this kind of conversation right now. Why don't you phone me back tomorrow when you're feeling better and we can talk then?"

Worker: And how did she react?

Susan: She phoned me back the next day and we had just a normal conversation. It's the best chat we've had for a while

Worker: So how did you manage to have that kind of conversation with your sister?

Susan: It was your idea to do that

Worker: What do you mean?

Susan: I told you before how much I like the programme Supernanny and you suggested I take that approach: ignore the bad behaviour and reward the good.

Worker: And you figured out how to put it into practice and it worked. That's great.

## **Conclusion**

Outcomes focused conversations can provide the foundation for assessment and planning centred on the assets that staff, service users and carers bring to working together. This includes a shift from service solutions to considering the role of the person and their community. The example conversations in this guidance are not intended as a template however. Although there are essential skills such as listening and rapport building and core values such as respect and interest in other people, each practitioner develops their own unique style and experience of what works in their setting. The approach recommended in this guidance is intended to contribute to making the most of the resources and energy of both staff and the people using services, building on the strengths of each person.

## References

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