



**Talking Points: Personal Outcomes
Approach
Support Pack for Staff**

**Focusing on the outcomes important to users
and carers**

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Summary

The Talking Points: Personal Outcomes Approach has been developed by the Joint Improvement Team to support a focus on the outcomes important to users of community care services in Scotland and their unpaid carers. Outcomes in this context are understood both as the goals that users and carers want to achieve in partnership with services, and as the impact or effect of services on individual lives. An outcomes approach to assessment, planning & review aims to shift engagement with people who use services away from service-led approaches. This involves everyone working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources. Although in some ways building on good practice, it also requires a significant 'culture shift'. Practitioners have identified that a focus on outcomes supports practice lost by previous assessment and planning processes. The Talking Points approach can also capture valuable data for evaluating, planning and improving services.

Table 1: Outcomes Important to Service Users

Quality of Life	Process	Change
Feeling safe	Listened to	Improved confidence/morale
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	
Dealing with stigma/discrimination		

Table 2: Outcomes Important to Unpaid Carers

Quality of life for the cared for person	Quality of life for the carer	Managing the caring role	Process
Quality of life for the cared for person	Maintaining health and well-being	Choices in caring, including the limits of caring	Valued/respected and expertise recognised
	A life of their own	Feeling informed/skilled/equipped	Having a say in services
	Positive relationship with the person cared for	Satisfaction in caring	Flexible and responsive to changing needs
	Freedom from financial hardship	Partnership with services	Positive relationship with practitioners
			Accessible, available and free at the point of need

During 2007/8, the Community Care Outcomes Framework was developed alongside the associated National Minimum Standards for Assessment and Review (NMIS). Collaboration between these processes and development of the Talking Points approach resulted in considerable overlap between them. Partnerships can use the framework to understand their performance at a strategic level.

Pilot partnerships have already contributed reports, tools and training materials that can be used by others. Several have contributed digital stories with staff, service users and carers which can help explain the approach. Relevant materials are being made available and regularly updated on the user and carer involvement section of the [JIT website \(www.jitscotland.org.uk\)](http://www.jitscotland.org.uk).

Hints for practitioners/interviewers using the Talking Points Approach

- Key objectives in focusing on outcomes, within a framework of holistic assessment, are to identify the goals individuals want to achieve (i.e. person-centred goal-planning) and later on to review with the person whether those goals have been realised.
- Focusing on outcomes involves a move away from approaches to assessment which resulted in a tick box approach whereby individual needs or problems were matched to a limited range of services, to identifying outcomes, and thinking creatively 'outside the box' about how to work towards achieving those goals.
- This involves talking to the person about their role, the potential involvement of people they know, the role of community based resources as well as the role of services in working towards achieving their outcomes.
- Ideally the format for gathering information about outcomes is a semi-structured conversation.
- The user and carer outcomes approach supports existing good practice, but also enables the recording of that good practice, through capturing positive and creative work and outcomes achieved.
- An outcomes focused conversation can itself be beneficial to individuals in providing an opportunity to think about their life from a different viewpoint.
- Information should be obtained as far as possible from the individual. Where there are significant communication issues,

information can be supplemented by involving other key individuals involved in the person's life.

- Where the person has severe communication difficulties, the challenge is to identify the most reliable available proxy, and supplement the information gathered from other sources, such as reference to written records etc.
- The attached prompt sheet outlines what is meant by each outcome, and can be used as prompts to support the individual to understand what is meant when asking about the various outcomes.
- At review it is important to probe for examples to illustrate views on outcomes. If someone identifies that their service is or is not reliable, an example of what they mean by this helps to identify what is working and what isn't.
- When recording information from the interviews, it is important to relate specific providers to specific outcomes where the service user/carer identifies them so that this information can be used locally for improving services.
- When recording information from the interviews, it is also important to document evidence of what is and isn't working for that individual, including specific examples of good practice, as well as areas for improvement.
- As would be expected when discussing personal issues, practitioners have occasionally found that individuals get distressed discussing aspects of their lives not usually covered. If this happens, the interviewee should be offered the opportunity to continue at a later date.
- Underpinning this approach is the concept of partnership working. As well as partnership between staff and the service user and/or carer, this includes the need for broader partnership working beyond health and social care services, in order to deliver quality of life outcomes to users and carers.
- Some of the outcomes relate to process, or how the person is treated by services. It may be that in some cases, an individual will be reluctant to raise issues with their own care manager, or may have concerns about being critical at all. Services should consider how to manage these issues in planning and conducting interviews. If the interviewer thinks the person was uncomfortable during the discussion, that should be recorded.

Prompts for outcomes for users of community care services

Prompts derived from SPRU and practical application of the Talking Points approach

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Social contact: The person feels that they have enough contact with significant other people and that they have opportunities for social participation (to avoid isolation). This can include family, friends, other service users and staff.

Having things to do: The person has opportunities to undertake activities which interest them, both at home and outside the home (if they wish). This can include hobbies, voluntary work, education and employment.

Safety: The person feels safe and secure at home and in their community. The person feels safe and secure when using services. The person also feels emotionally safe and can rely on access to support when they feel less safe. Where significant concerns about risk arise consideration should be given to a risk assessment being undertaken.

Staying as well as you can: The person feels that they are as physically and mentally well as they can be, given any illness or condition they have.

Living as you want/where you want: The person is able to plan and have control over their daily life and is able to live where they want

Change outcomes

Change outcomes result from tackling barriers to achieving quality of life, or from reducing risks. For some people it may be possible to identify a point at which the change has been achieved or partly achieved, and the focus moves to maintaining quality of life

Improved skills: Relevant where staff are supporting the person to regain skills and capacities

Improved confidence/morale: The person is working towards dealing positively with changed life and health circumstances, and/or personal and societal attitudes towards ill health and disability.

Improved mobility: The person is working towards improved ability to get around within the home and/or outside (includes equipment, adaptations, therapy, transport)

Reduced symptoms: Experiencing fewer symptoms, feeling less depressed or anxious, improved sleep, improved relationships

Process outcomes

Process outcomes are the impacts of the way the package of service is provided, or how the person is treated by staff

Being listened to: The person feels that their views about their own situation are listened to by staff

Being treated with respect: The person feels that they are treated as someone who has a right to services and as a fellow human being who has individual needs

Choice/having a say: The person's views are taken into consideration in deciding on a care package, including the nature and timing of support

Reliability: The person feels that they can rely on staff to turn up when they say they will (or be notified if there is a change of plan) and do what they say they will

Being responded to: the person feels that services respond to their changing needs and that they can rely on services to respond if particular difficulties arise

Prompts for outcomes for unpaid carers

Prompts derived from SPRU and practical application of the Talking Points approach

Quality of life outcomes

Some quality of life or maintenance outcomes may require varying levels of support over time and some might require support from sources other than health and social care services.

Health and wellbeing: Negative impacts of caring on health and wellbeing are minimised. The person has sufficient sleep, exercise and some fulfilment in their life.

Having a life of their own: The carer is able to engage in activities which are meaningful to them, including employment where relevant, and to maintain social links, or meet other obligations.

Supporting or improving the relationship with the cared for person: The carer feels sufficiently supported to maintain, or where relevant improve their relationship with the person they care for, including access to mediation where views conflict.

Accessing financial advice: The carer has access to information about benefits entitlements and other financial advice for both the cared for person and him/herself.

Managing the caring role

A specific focus on the carer's role can be beneficial for the carer in enabling them to reflect on their own needs and intended outcomes:

Informed choices about caring, including limits: Giving the carer an opportunity to think about whether, how and to what extent they want to continue caring.

Being informed/skilled/equipped to care: Access to information, training and equipment relevant to the cared for person's needs, to increase carer confidence and skills.

Satisfaction/sense of achievement in caring: Despite any stress experienced in relation to caring, the carer achieves a sense of satisfaction from this role.

Partnership with the service: The carer is treated as a key partner by services involved in the cared for person's life, including active involvement in decision-making

Process outcomes

Process outcomes are the impacts of the way the package of service is provided, or how the person is treated by staff. Taking time to establish the processes most relevant to individual carers will be an important condition for the achievement of quality of life outcomes.

Value and respect them and recognise their expertise as carers: The carer's expertise on the needs of the cared for person is acknowledged and promoted and the carer is valued for their input accordingly.

Give them a say in service provision and in shaping services: The carer feels that their views are taken into account by services in deciding on the care package, and that their views are fed into the future shaping of services locally.

Respond to their changing needs: The carer feels that services recognise their needs as an individual and that they services will respond to changes in the caring situation.

Have meaningful relationships with them: Positive or meaningful relationships with staff so that the carer feels able to communicate both their needs and the needs of the person cared for.

Provide accessible and available services: The carer can access services which are not overly bureaucratic and does not have to wait for months to obtain services. Given that reduced income and additional costs are often associated with the caring role, the carer should not be excluded from service provision due to excessive costs.