

# Outcomes & CO

CONVERSATION OPENERS

## ABOUT

The Outcomes & CO: Conversation Openers tool was created to support practitioners and managers across the social services sector to reflect on their views, values and experiences of a personal outcomes approach. Personal outcomes are defined as what matter to people accessing support and their unpaid carers (adult and young).

The tool provides a framework for open, honest conversations about personal outcomes with a view to supporting reflective practice and building common understanding. It's flexible and can be used or adapted for a range of audiences, including those working in health and housing.

This tool builds on resources developed by Iriss and partners to support an outcomes-focused approach in the social services sector, in particular,

the Leading for Outcomes series (Iriss, 2010–2013) and the Values and Principles Paper developed by the Personal Outcomes Collaboration. Further information about this tool and resources referenced in it are available at: [www.iriss.org.uk/outcomesco](http://www.iriss.org.uk/outcomesco)

The design of this tool was inspired by Relationships Matter (Iriss, 2016), a conversation tool to support practitioners reflect on caring for young people who are leaving care.

### Anticipated outcomes

- Increased awareness and understanding of the key components involved in a personal outcomes approach
- Improved understanding of the landscape in which a personal outcomes approach exists
- Improved awareness and understanding of the views, values and

experience of a personal outcomes approach for individuals and teams

- Shared understanding of an outcomes-focused approach across teams and between practitioners, the people they support and their unpaid carers
- Increased confidence about understanding and practising an outcomes-focused approach
- Improved reflective practice

## GUIDANCE

This tool comprises seven themes, each with a set of related questions:

- **Outcomes**
- **Leadership**
- **Working with other professionals**
- **Working with people accessing support, unpaid carers and families**
- **Conversations**
- **Risk**
- **Recording and measuring**

A set of **information cards** is also included and these outline the building blocks of the personal outcomes approach. The information cards are relevant across the themes and aim to foreground the questions. These can be used as stand-alone conversation prompts or background reading before using the tool. There are no right or wrong ways to use the tool. It is flexible and can be used in a variety of ways, for example, by individuals, in one-to-one or group supervision, or in learning and development sessions.

We strongly encourage you to use examples from your own practice and experience to help you relate to the questions. Overall, the questions assume a working knowledge of an outcomes-focused approach. In cases where there is limited hands-on experience, the questions should be adapted to encourage reflection on anticipated actions, reactions and responses.

There are three simple steps to using the cards:

1. Choose an individual question/group of questions or an information card
2. Use the question/information card to encourage reflection and or discussion
3. Consider how you/your organisation will action the learning from your reflections and conversations

## IMPACT

It is important for us to understand the difference our tools make to inform how we work and what we focus on. We invite you to share your feedback via this short survey: [s.iriss.org.uk/outcomescosurvey](http://s.iriss.org.uk/outcomescosurvey)



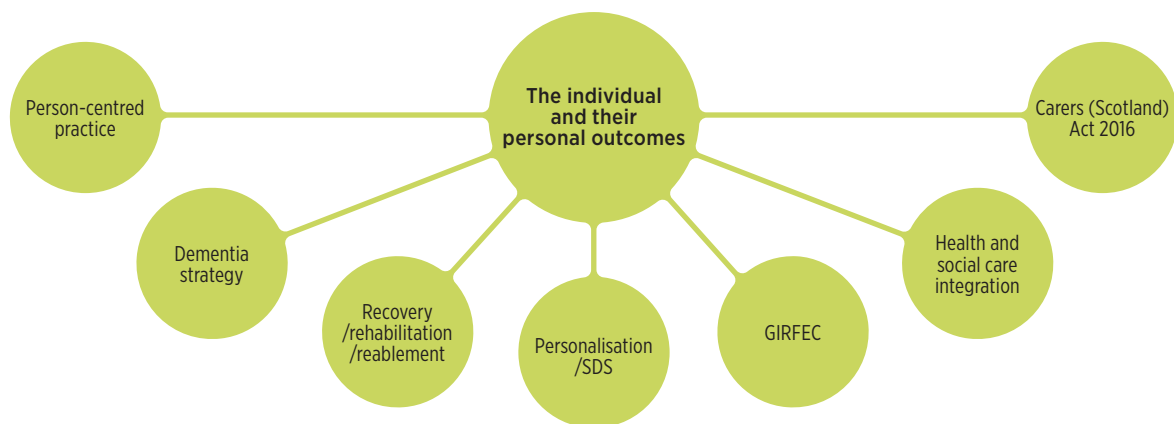
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## CARD 1

### Outcomes in policy



A personal outcomes approach is underpinned by the principle of enabling people to participate in making decisions which impact on their human rights. The move towards personal outcomes prioritises good conversations with people about what matters to them, over gathering data for organisational purposes. This shift towards personal outcomes is now embedded in the Scottish policy context, including through the transformation of public services, Getting It Right For Every Child (GIRFEC), Self-Directed Support (SDS), person-centred practice and health and social care integration.



## CARD 2

### Three core elements to an outcomes approach



1. Engaging with individuals using services and carers about:
  - What is important to them in life
  - Why these things are important (outcomes)
  - How to go about achieving these things
  - Who will be involved, including the person, other people in their life and community, and services
  - When and where etc.
  - Extent to which their personal outcomes are being achieved, what helps and hinders
2. Recording of information on outcomes:
  - Qualitatively in a language meaningful to the person – the personal outcomes story
  - Qualitatively using measures or scales that track outcomes over time
3. Using information for decision making including:
  - Individual actions, care and support
  - Service delivery and improvement
  - Planning and commissioning
  - Enriching performance monitoring

### CARD 3

#### Four levels of outcomes



The term 'outcomes' can mean different things to different people. The importance of a personal outcomes approach is focusing on what matters to people and linking that up to project or national outcomes, instead of national outcomes limiting what organisations focus on in their conversations with people.

| Outcome level       | Focus   | Example  |
|---------------------|---|--|
| Individual/Personal | Defined by the person as what is important to them in life  | I want to feel more confident that the things that matter most to me are listened to, respected and responded to when decisions are made that affect my life |
| Service/Project     | Defined by a project or service as a key focus to work towards with people  | Our project will improve the meaningful involvement of young people to ensure they are at the centre of their support plans                                  |
| Organisational      | Defined by a local authority, NHS board or provider as a key area to work towards. Will increasingly be required to be defined across organisational boundaries | We support the young people we work with to actively contribute to decisions that influence their health and wellbeing                                       |
| National            | Defined by Government to focus activity across sectors and organisations  | Respected: Given a voice, and involved in the decisions that affect their well being   |

### CARD 4

#### Three categories of personal outcomes



Research with older people identified three types of outcomes:

- **Quality of life outcomes** = outcomes that support an acceptable quality of life (eg being safe, living where you want)
- **Process outcomes** = the way in which support is delivered (eg feeling valued and respected or having a say over how and when support is provided)
- **Change outcomes** = outcomes that relate to improvements in physical, mental or emotional functioning (eg increased confidence or fewer symptoms of depression)

These outcomes are also likely to be important to children and young people, and have been mapped across to the SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) wellbeing indicators under Getting it Right for Every Child (Cook and Miller, 2012).

## CARD 5

### Service-led and outcomes-focused approaches compared (Miller, 2011)



When comparing key features of service-led and outcomes-focused approaches, in reality, it is not always a case of either/or. Practitioners need to think about who they are working with and in what circumstances. In crisis situations, it may be appropriate to think of the person as someone who requires a service. In other situations it is more appropriate to think of a person with skills and experiences who can contribute to their own outcomes, including through supported self-management.

The practitioner needs to make a choice about how to present to that person: as an expert or enabler. They should recognise that it is sometimes necessary to move between roles (but that this should be a conscious choice), rather than assuming the default position of the expert. Outcome focused practice usually means starting in an enabling/facilitating role then identifying where professional expertise may be needed in contributing towards the outcomes (Personal Outcomes Collaboration, 2016).

|                     | Service led   | Outcome focused/person centred  |
|---------------------|---|---|
| <b>Endpoint</b>     | Delivery of service   | Impact of plan  |
| <b>Format</b>       | Pre-determined question and answers formats                               | Semi-structured conversation = open questions   |
| <b>Approach</b>     | Obtaining information required for form filling = 'filtering' information | Skilled interaction including active listening and reflection 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 and partner   |
| <b>Focus</b>        | Identify problems and deficits and match to a limited range of services   | Build on capacities and strengths towards creative solutions                                  |
| <b>Recording</b>    | Tick box  | Building towards a clear outcomes plan  |

## CARD 6

### Seven principles underpinning outcomes-focused practice (Personal Outcomes Collaboration, 2016)



#### 1. Integrity

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

#### 2. Relationships

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

#### 3. Communication

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

#### 4. Review

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

#### 5. Personal ownership

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

#### 6. Collaboration

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

#### 7. Clarity

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

## CARD 7

### The outcomes conversation: exchange model

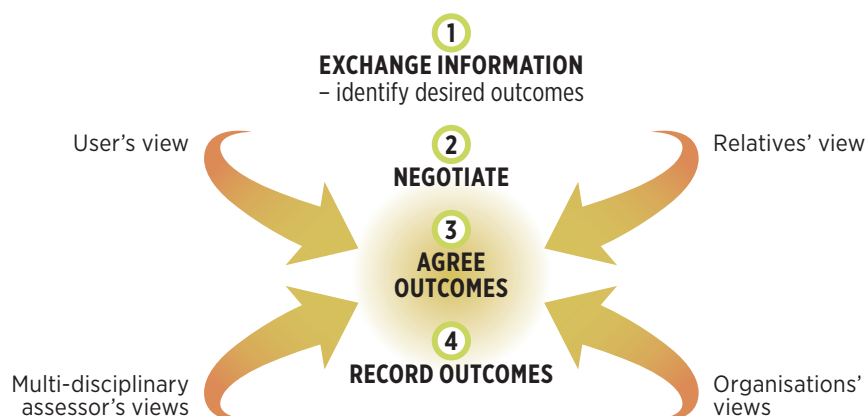


Good communication is at the heart of an outcomes-focused approach. The outcomes conversation is the way to identify and negotiate outcomes with individuals. One of the key lessons from implementation of outcomes in Scotland has been the value of the conversation. The Meaningful & Measurable project (2016) found:

- Evidence of the role of the conversation within the context of relationship building, as a key contribution and an effective intervention in its own right.

- Evidence of the benefits to the person include the therapeutic advantages of good conversations, individual involvement in decision-making, greater clarity of purpose and more enabling practice.
- In parallel to the conversations having to change at the frontline, there was evidence about the need to change the conversation in the organisation as a whole, and to ensure that practitioners were effectively supported to focus on outcomes. (Miller and Barrie, 2016)

The exchange model of assessment has been identified as particularly helpful in illustrating this approach, developed by Smale and Tucson (1993) and recently adapted by Miller and Barrie (2016).



## CARD 8

### The outcomes conversation: triad of understanding



The triad of understanding (Martin et al, 2012) is a helpful illustration of the importance of the concept of achieving 'understanding' in outcomes conversations.

Where a person is not able to verbalise their views through the outcomes conversation, other sources are required including non-verbal cues, written records and the views of people who know the person well. The diagram over was developed through working with senior care home staff where staff added



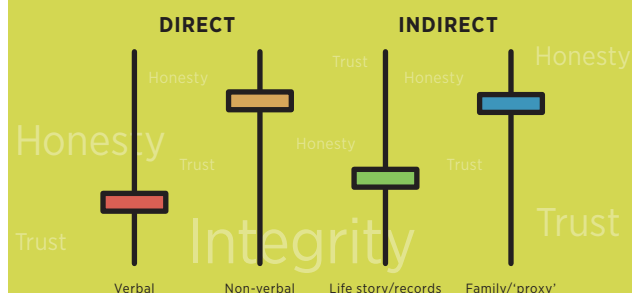
the background themes of honesty, integrity and trust (Barrie and Miller, forthcoming).

Creative communication methods can help support an outcomes conversation. Examples include:

- Talking Mats
- Stories
- Photographs
- Drawings
- Timelines
- Asset-mapping

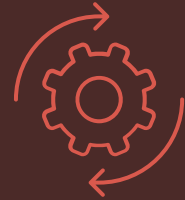
#### Meeting diverse communication support needs

Eliciting the resident's 'view' by adjusting the mix of information channels



## OUTCOMES

benefits, challenges, differences



What does a personal outcomes approach mean to you?  
How does the approach align with your values?

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## OUTCOMES

benefits, challenges, differences



What do you think are the benefits of working in an outcomes-focused way for people who access support and their unpaid carers (adult and young)/families?

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## OUTCOMES

benefits, challenges, differences

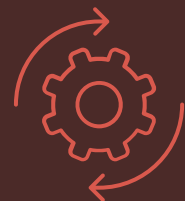


What difficulties or challenges can you see or have you experienced with the approach?

OUTCOMES & CO : CONVERSATION OPENERS

## OUTCOMES

benefits, challenges, differences

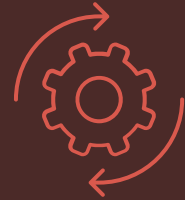


What do you see as the key differences between outcomes for children and for adults?

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## OUTCOMES

benefits, challenges, differences



How can an outcomes approach benefit you as a practitioner/manager?

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## OUTCOMES

benefits, challenges, differences



How confident do you feel about understanding and practising the approach?

OUTCOMES & CO : CONVERSATION OPENERS

## OUTCOMES

benefits, challenges, differences

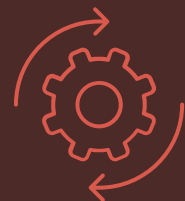


Can you think of examples from your practice where you have identified different categories of outcomes? (eg quality of life, change, process)

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## OUTCOMES

benefits, challenges, differences

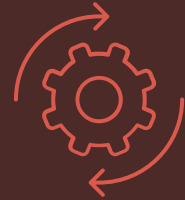


What strengths do you think you/your organisation have to support the approach?

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## OUTCOMES

benefits, challenges, differences

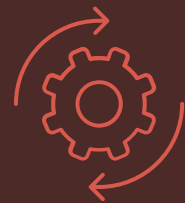


Practitioners identify that the biggest barrier to outcomes-focused practice is lack of time. How do you focus on what matters to people, even when there is very limited time?

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## OUTCOMES

benefits, challenges, differences

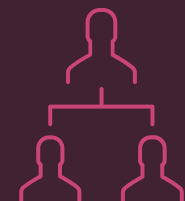


When do you think it's not possible to work in an outcomes-focused way with people accessing support and unpaid carers?

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## LEADERSHIP

support, motivation, power

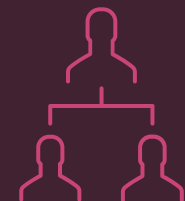


What difference do you think good leadership makes to a personal outcomes approach?

OUTCOMES & CO : CONVERSATION OPENERS

## LEADERSHIP

support, motivation, power

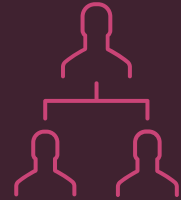


Do you feel you are well supported in your role to focus on personal outcomes?

OUTCOMES & CO : CONVERSATION OPENERS



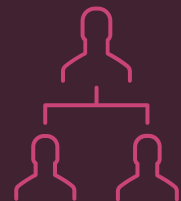
**LEADERSHIP**  
support, motivation, power



What keeps you motivated when focusing on personal outcomes? How do you motivate others to focus on personal outcomes?

OUTCOMES & CO : CONVERSATION OPENERS

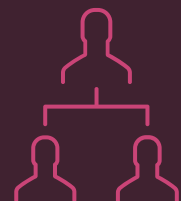
**LEADERSHIP**  
support, motivation, power



How outcomes-focused do you find your supervision? Do you discuss your own outcomes as a professional and/or those of the people you support?

OUTCOMES & CO : CONVERSATION OPENERS

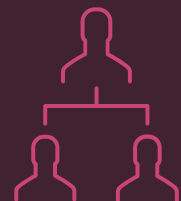
**LEADERSHIP**  
support, motivation, power



Managers need to model an outcomes approach. This means engaging with practitioners as individuals with strengths and capacities in routine interactions such as supervision, team meetings and continuing professional development. Can you think of an example from your experience where an outcomes-focused approach was modelled by a manager or team member?

OUTCOMES & CO : CONVERSATION OPENERS

**LEADERSHIP**  
support, motivation, power



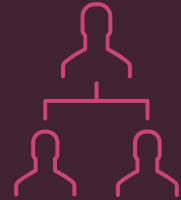
A personal outcomes approach can involve a rebalancing of the powerbase of relationships between the person and those individuals working with them. Are you aware of times you've felt a rebalancing of power when focusing on outcomes?

OUTCOMES & CO : CONVERSATION OPENERS

## LEADERSHIP

support, motivation, power

One of the seven underlying principles of a personal outcomes approach is about adopting a conversational and relationship-centred approach to assessment which allows for meaningful engagement. Do you think your organisation understands and values the importance of relationship-centred practice and its role in an outcomes approach?

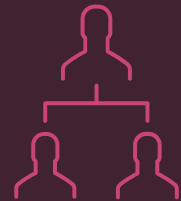


OUTCOMES & CO : CONVERSATION OPENERS

## LEADERSHIP

support, motivation, power

The research underpinning Enhancing Leadership Capability, the national leadership strategy for Scotland (George et al, 2016) found that good leaders in social services are able to be vulnerable as well as powerful. Can you think of examples from your experience when you've been aware of the need to balance vulnerability and power?

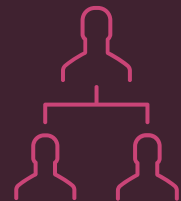


OUTCOMES & CO : CONVERSATION OPENERS

## LEADERSHIP

support, motivation, power

What's been your most impactful experience of leadership? What difference did it make to you and/or the people you support?

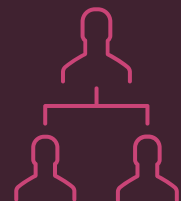


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## LEADERSHIP

support, motivation, power

Evidence shows that practitioners need to know that they have permission to practise differently when focusing on outcomes. Do you feel you have permission to work in an outcomes-focused way?



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## WORKING WITH OTHER PROFESSIONALS

who, when, how



The language around working together – partnership working, joint working, collaboration, networks, integration – can be confusing. What terms are used in your context to describe working together?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



What does an effective partnership look and feel like? What do you think helps and hinders partnership working?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



How do you develop a common understanding of outcomes across different partnerships?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



The complexity of people's lives and conditions mean that social considerations/contexts, housing for example, are relevant to all. What partnerships do you have with those in a housing context?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



Thinking about the partnerships in your context – which are strong and why? Are there any missing?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



What do you think are the challenges of working in an integrated context where health and social care work together towards personal outcomes?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



Effective communication between all partners is required to support development of a shared vision and goals between agencies. Joint planning and commissioning approaches, explicitly focussed on improving personal outcomes, will set a context for realising these visions and goals. What opportunities exist in your context to discuss, reflect and focus on personal outcomes with other professionals?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



How important do you think it is to evidence the link between partnership working and improved outcomes?

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## WORKING WITH OTHER PROFESSIONALS

who, when, how



How does the setting a person lives in (eg residential care, at home, foster care) affect how you work in partnership with other professionals?

OUTCOMES & CO : CONVERSATION OPENERS

## WORKING WITH OTHER PROFESSIONALS

who, when, how



It can be challenging when working with people with complex conditions, to attribute an outcome to any one action or service. Focusing on contribution rather than attribution is a more helpful way of thinking, which allows for a range of people and services to contribute to the same outcome. What's your experience of focusing on contribution rather than attribution in an outcomes-focused approach?

OUTCOMES & CO : CONVERSATION OPENERS

## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings



It is important in an outcomes-focused approach for practitioners to work with those close to the individual – unpaid carers, family, friends and community supports. This necessitates a different kind of collaboration from one with other professionals. What is your experience of working with unpaid carers (both adult and young)?

OUTCOMES & CO : CONVERSATION OPENERS

## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings

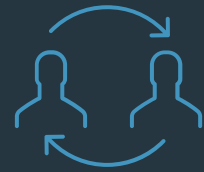


What helps and hinders collaboration with unpaid carers (both adult and young)?

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## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings



How do you develop a common understanding of outcomes with people accessing support, their carers, friends and family?

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## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings



What approaches do you use in your practice to uncover skills, strengths and values of an individual, their carer(s) and family?

OUTCOMES & CO : CONVERSATION OPENERS

## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings



What are the challenges of remaining child-centred when working towards the outcomes of a parent or the child's adult carer?

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## WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES

approaches, negotiation, settings



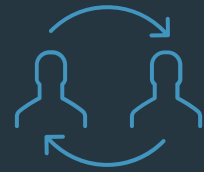
The exchange model recognises that different perspectives need to be considered and negotiated in identifying outcomes. What situations can you think of where there may be competing outcomes in a family? How do you navigate competing outcomes effectively?

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## **WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES**

**approaches, negotiation, settings**

How does the setting a person lives in (eg residential, at home, foster care etc) affect how you work in partnership with unpaid carers/families or those in their informal support networks?



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## **WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES**

**approaches, negotiation, settings**

What are the challenges of identifying outcomes for young carers when there are wider parent and sibling (eg disabled child) considerations?



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## **WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES**

**approaches, negotiation, settings**

To what extent does locality and place (geographical, including most deprived areas) influence the approach you take to working with people accessing support, unpaid carers and wider family?



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## **WORKING WITH PEOPLE ACCESSING SUPPORT, UNPAID CARERS AND FAMILIES**

**approaches, negotiation, settings**

How do you go about identifying sources of support that already exist in the community to help the people you are working with, whether people accessing support, unpaid carers or other family?



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## CONVERSATIONS

skills, challenges, communication



The outcomes conversation means being able to switch between being 'expert' and 'enabler'. How does it feel to do this? What skills do you draw on to do this?

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## CONVERSATIONS

skills, challenges, communication



Some are concerned that opening up conversations with people about what matters to them will create demand that can't be met. Is this something that worries you or that you've experienced?

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## CONVERSATIONS

skills, challenges, communication



There is evidence that outcomes-focused conversations are an intervention in themselves, and that outcomes are already achieved this way (Tsegai & Gamiz, 2014). Do you agree? Reflect on/share an example.

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## CONVERSATIONS

skills, challenges, communication



What kind of listening skills do you think the outcomes conversation calls for?

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## CONVERSATIONS

skills, challenges, communication



What's your experience of meeting the diverse communication needs of the people you support?

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## CONVERSATIONS

skills, challenges, communication



When is communication particularly challenging with people you support and their carers? (eg lack of mental capacity, secrecy, denial, distrust of services.) How do you address these?

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## CONVERSATIONS

skills, challenges, communication



What's your experience of using creative communication methods? (eg Talking Mats, stories, photographs, timelines, asset-mapping)

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## CONVERSATIONS

skills, challenges, communication



The outcomes conversation involves negotiation and compromise. When is this particularly challenging?

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## CONVERSATIONS

skills, challenges, communication



When do you think it is inappropriate to compromise when identifying outcomes?

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## CONVERSATIONS

skills, challenges, communication



What approaches or skills do you draw on when communicating with children to find out what's important to them?

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## RISK

choice, blame, culture



Focusing on outcomes can support a shift from traditionally risk-averse practices. Do you think an outcomes-focused approach is risky? What risks concern you most?

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## RISK

choice, blame, culture



What is your personal approach to, and tolerance of, risk when working in an outcomes-focused way?

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**RISK**  
choice, blame, culture



How would you describe your organisation's 'risk culture'?

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**RISK**  
choice, blame, culture



Someone you support identifies an outcome that's important to them which you feel is too risky. How do you navigate this?

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**RISK**  
choice, blame, culture



'Issues of risk are bound in power relationships between people accessing services and the professionals who plan, access and deliver them' (Iriss, 2016). Do you agree?

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**RISK**  
choice, blame, culture



Who do you share risk with in an outcomes-focused approach?

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**RISK**  
choice, blame, culture



What messages about risk and blame exist in your organisation/context?

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**RISK**  
choice, blame, culture



What opportunities are there in your context to discuss risk?

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**RISK**  
choice, blame, culture



What role does emotion play when making decisions about risk?

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**RISK**  
choice, blame, culture



Stanley (2005) says discussion of risk should not lose sight of the 'why' through the 'how' – the mechanisms in place to support decision making and risk taken should broaden and enable choice, not narrow and exclude it. Do you agree? Is this how it works in your context?

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## RECORDING AND MEASURING

tools, data, demands



Recording is a critical link in an outcomes-focused approach. What is your experience of recording information about personal outcomes?

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## RECORDING AND MEASURING

tools, data, demands



How confident do you feel about recording information about personal outcomes?

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## RECORDING AND MEASURING

tools, data, demands



What tools have you used to record outcomes?

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## RECORDING AND MEASURING

tools, data, demands



A successful outcomes approach requires that systems for collating and analysing data are developed around practice and do not dictate and restrict practice. How is information/evidence gathered about outcomes used in your organisation?

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## RECORDING AND MEASURING

tools, data, demands



Do you get feedback about how outcomes data you have gathered is used in service design and development?

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## RECORDING AND MEASURING

tools, data, demands



Information about outcomes tends to be qualitative rather than quantitative. How confident do you feel about recording and using qualitative data?

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## RECORDING AND MEASURING

tools, data, demands



How might linking personal outcomes to national outcomes support practice?

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## RECORDING AND MEASURING

tools, data, demands



What do you think are the strengths and weaknesses of working with qualitative data?

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## RECORDING AND MEASURING

tools, data, demands



Evidence suggests that practitioners face diverse and competing demands in their recording practice (Miller & Barrie, 2016). Do you agree? What's your experience of this?

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## RECORDING AND MEASURING

tools, data, demands



Evidence suggests that even when practitioners are having good conversations with people about what matters to them, this often does not translate into the records (Miller & Barrie, 2016). What's your biggest challenge about recording personal outcomes information?

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