

leading for outcomes

a guide

summary

What is this guide?

This guide aims to provide support on how to lead teams in the adoption and implementation of an outcomes-focused approach. It combines knowledge of effective leadership with evidence relating to outcomes for people receiving support and their carers.

Who is it for?

This guide is aimed at those committed to leading an outcomes-focused approach to social services, including team leaders, managers and those in training roles. It is primarily addressed at those working in adult social care. It will also be relevant to those from other disciplines such as health care.

How can it be used?

The guide provides a framework for training and is designed to be adapted to the time and resources available. The audit tool on page 8 will help those using the guide to identify which sections would be most relevant.

summary / continued

The guide includes a range
of training materials and exercises.
It is divided into two parts:

Part one Understanding and promoting the approach

Key learning outcomes include:

- = understanding what the approach means
- = identifying the different kinds of outcomes
- = recognising the differences between a
service-led and outcomes-focused approach
- = understanding the benefits of
an outcomes-focused approach

Part two Practising and sustaining the approach

- > addressing the challenges of the approach
- > identifying outcomes with people that receive support
- > thinking about innovative solutions
- > exploring risk in an outcomes-focused approach
- > understanding how to recognise progress
- > identifying ways to sustain momentum
- > reflecting on your role as a leader

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introduction

The shift from a service-led to an outcomes-focused approach to delivering social services and health is underway in Scotland. It is a shift that has been heralded as key to creating innovative and responsive services, capable of satisfying the needs of individuals and those that support them, as well as an important means of achieving cost effectiveness. The Scottish Government has promoted this shift by announcing that: ‘Our national priorities must be about outcomes – the real improvements that people see in their communities and in their lives.’¹

Overall, the focus on outcomes appears to have been well received by people using, delivering and planning services. Many practitioners, for instance, have identified that a focus on outcomes has enabled them to return to the core values of social work and brought a renewed sense of clarity and purpose to their work. By engaging with individuals about their desired outcomes as a starting point for decision-making, the approach is seen to focus on possibilities rather than on problems and as such, to be professionally rewarding.

introduction

/ continued

An outcomes-focused approach requires a significant culture shift at both an individual and organisational level. It involves questioning embedded ways of working, and staff need clear direction on what it means to practice in an outcomes-focused way. They also, very importantly, need to know that they are supported in doing things differently.

Leadership has been identified as vital to the success of an outcomes-focused approach:

‘Leadership is central to improving performance, redesigning services and securing better outcomes for the people of Scotland.’

(Better Health, Better Care, Scottish Executive, 2007, p14)

‘The quality of leadership impacted on outcomes for people who use social work services.’

(SWIA Report 2010, p108)

However, it is important to recognise the distinction between management and leadership:

‘Management is a set of processes that keep a complex system running smoothly. Leadership defines the future and aligns people with that future. We often find that too much emphasis is placed on managing change and not enough on leading change.’

(Change Management, Northumbria University, 2009, p18)

Team leaders, managers and trainers can support staff to take an outcomes-focused approach to practice by:

- empowering others, both staff and people that receive support
- encouraging staff to develop new skills and innovative approaches to practice
- addressing resistance to change
- celebrating successes and communicating them to the wider organisation

making the guide work for you

This guide is intended to be adapted for your own training needs. While we recommend that the sections be worked through in sequence, it may be that certain parts or exercises are more relevant for your team than others.

Also, the times for each exercise act as a guide only and should be adapted to the time and resources you have available. Your team's level of understanding around outcomes and their experience in the approach will influence what sections you cover and how long you spend on each.

In addition, your own understanding of the outcomes-focused approach and training experience will inevitably determine how you proceed.

We have provided a tool on the next page that can be used:

1. to help guide you in determining which sections of the guide to use before commencing your training

and / or

2. to guide you at intervals in the future in assessing the progress made by your team and in establishing their future training needs.

what are your training priorities?



Rating Scale:

1 = LOW

3 = MEDIUM

5 = HIGH

Team learning needs	Before training	Priority sections	After training
Understanding outcomes and the outcomes-focused approach	1 2 3 4 5	Part one Exercise 1	1 2 3 4 5
Understanding the benefits of the approach	1 2 3 4 5	Part one Exercise 1	1 2 3 4 5
Addressing the challenges	1 2 3 4 5	Part two Exercise 2	1 2 3 4 5
How to listen and communicate effectively to identify outcomes	1 2 3 4 5	Part two Exercise 3	1 2 3 4 5
How to implement the approach and engage in supported risk-taking	1 2 3 4 5	Part two Exercises 5 & Exercise 6	1 2 3 4 5
Understanding the difference you have made using an outcomes-focused approach	1 2 3 4 5	Part two Exercise 7	1 2 3 4 5
How to sustain progress and momentum in an outcomes-focused approach	1 2 3 4 5	Part two Exercise 9	1 2 3 4 5

part one

1

understanding and promoting the approach

In order to effectively lead staff in an outcomes-focused approach, you must first understand the key elements and benefits of the approach and be able to articulate these clearly and in a way that is likely to inspire those in your team. You should also be able to help team members see where they fit into the approach – what it means for them, how they will contribute to it and how it will ultimately benefit the people they are working to help. It is critical that the approach is fully owned by the people who have to make it happen.

Your team members may have been practising with an outcomes focus for some time, or may be new to the approach. Some may be confident that they understand what the approach means, both in principle and in practice, whilst others may be confused about how the approach differs from a service-led approach. Regardless of where individual team members are at, the first step in leading the approach is to establish a common understanding of what it is and how it changes practice.

Once the principles and key elements of the approach have been clearly articulated, the next step is to generate 'buy-in'. Even if people understand the approach, it doesn't mean that they necessarily feel happy or confident applying it in practice. In leading this approach, your role is to generate enthusiasm for it.

Motivating individuals to implement an outcomes-focused approach requires that people understand how the approach can potentially benefit them and those with whom they work. Providing the political rationale for an approach is one way forward, but it seldom generates the inspiration required for sustained change. Instead, tapping into people's values and what matters to them is often a far greater driver for change.

The exercises in Part 1 aim to develop a framework of understanding and encouraging motivation through a series of exploratory activities.



exercise one

defining the approach, promoting the benefits

Learning outcomes

- = understanding what outcomes are and how they differ from outputs
- = recognise the three categories of outcomes
- = identify the different outcomes for people that receive support and their carers
- = understanding the benefits of an outcomes approach



Time

Spend about an hour on this



Materials

PowerPoint or flip chart paper to display quotes / categories / tables or alternatively print out copies of each.

Flip chart paper



exercise one

defining the approach, promoting the benefits

/ continued

Instructions

- > Refer to the training materials for this exercise on pages 13, 14 and 15.
- > Introduce quote 1 and 2 to your team (you might want to do this using PowerPoint or a flip chart so the group can read and reread them as necessary). The message that you want to get across is that an outcomes-focused approach is concerned with the difference that the provision of support makes to a person's life, rather than with measuring service effectiveness by service volume, or the number of people who have remained with a programme through to the end (i.e. with **outputs**).
- > Introduce the three categories of outcomes identified through research with people that use services. When going over these outcomes categories with your team, make it clear that while individuals may value all three categories, the emphasis and importance attached to each will likely vary with individual circumstance.
- > Hand out tables 1 and 2 to highlight the outcomes that are important to many people that use services and (unpaid) carers. Record discussion on a flip chart if necessary.
- > If you have the time and resources, you may want to show this short, freely available film produced by **research in practice for adults**. This film asks, "What are outcomes?" (<http://www.ripfa.org.uk/publications/multimedia/aboutoutcomes/328-the-films-two>).
- > Scenarios can usefully illustrate the key elements of the approach as well as creating an impetus for change. You can use a scenario that is real, or you can create one that you think will help clarify the approach. Appendix I has two sample scenarios that you may find useful.
- > Ask your group to list what they think the benefits of this approach are for about 10 minutes, then introduce the **Benefits of an Outcomes-focused Approach Table** on page 15.



exercise one: training materials



Quote 1:

Outcomes = Impact of support on a person's life.



Quote 2:

'The definition of outcomes is the impact or end results of services on a person's life. Outcome-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.'

(Glendinning et al, 2006)²

Outcome categories:



Quality of Life Outcomes³ =

outcomes that support an acceptable quality of life (e.g. being safe and living where you want).



Process Outcomes =

the way in which support is delivered (e.g. 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 (e.g. increased confidence or fewer symptoms of depression)



exercise one: training materials / continued

Table 1:
Outcomes important to people who receive support

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	

Table 2:
Outcomes important to unpaid / informal carers

Quality of life for cared for person	Quality of life for the carers	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

Source: JIT (2009) Information for People using Community Care Services and their Carers.

exercise one: training materials / continued



Table 3:
Benefits of an outcomes-focused approach

Aspects of the approach	Key benefits
Defining anticipated outcomes	Brings clarity to mission and goals
Conversationalist approach to assessment, support planning and review	Allows for more meaningful engagement with individuals and families as compared to more prescriptive question and answer approaches. The approach is about “engaging people, rather than processing them”
Putting user/carer views first and working backward to identify support options	Enables practitioners to gain a clearer understanding of user/carer needs and circumstances which in turn lead to improved support planning and more personalised care packages
Involving people that receive support and their carers in the planning and measuring of outcomes	Provides staff with a means for being accountable to them. It also enables users/carers to have more control and say over their care
Outcomes information collated from assessment and review methods	Enables staff to see what is working and what is not, and is potentially useful to inform planning and service developments
Approach recognises that some outcomes can not be met within existing supports and resources	Encourages practitioners to promote more creative alternative pathways to outcomes. It can also facilitate a more appropriate targeting of resources

(Adapted from the findings of the Joint Improvement Team and documented studies of the Charities Evaluations Services in Ellis J (2009) *The Case for an Outcomes Focus*.)

exercise two



outcomes-focused and service-led compared

Learning outcomes

- = identifying and understanding the differences between an outcomes-focused and a service-led approach



Time

Spend at least 20 minutes



Materials

Service-led and Outcomes-focused Approaches Compared table

Flip chart paper

Instructions

- > Refer to the training materials for this exercise on page 17 and 18.
- > This exercise has three stages. First, ask the group to discuss: What the approach means to them (and encourage them to define it in their own terms). How do they think it differs from more service-led practice?
- > Record key ideas, words or phrases on a flip chart e.g. 'An outcomes-focused approach has enabled me to re-engage with people'. Encourage individuals to use their own experience to generate ideas around how the approaches differ.
- > Then provide the **Service-led and Outcomes-focused Approaches Compared** table. How do these differences compare to the key issues that surfaced in the initial part of the discussion? Record any key discussion points.



exercise two: training materials

Table 4:
Service-led and outcomes-focused approaches compared

Service-led	Outcomes-focused
Tools encourage information gathering through standardised question and answer approaches to assessment, support planning and review	Semi-structured conversations with individuals in assessment, support planning and review
“Tick box” approach to assessment	Analytical skills involved in assessment
The person’s views may be included in decision-making	The person’s views/preferences are central to decision-making
The person is viewed as a client, service user or patient	The person is a citizen with rights and responsibilities
Where needs link to strict eligibility criteria, the assessor is required to maximise individual difficulties to access services	Involves consideration of difficulties, limitations and aspirations or goals. The priority is to identify what to work towards
If the person is deemed eligible, identified needs are matched to a limited range of block provided services, resulting in service-led approaches	Identifying outcomes involves considering a range of solutions/strategies including the role of the person, family supports and community-based resources
Where needs are tied to eligibility criteria, preventive work with people with low level needs may be excluded	Outcomes allow preventive work to take place while services and resources are prioritised for those most in need
Focusing exclusively on deficits and difficulties, and how needs are to be met, results in a focus on tasks and on services which do things to people	By focusing on strengths, capacities and goals, while mindful of limitations, the role of the person is maximised. Services do things with people



exercise two:
training materials
/ continued

Service-led

Matching needs/deficits to services tends to result in static service delivery

Where outcomes are identified, these tend to be professional or organisational outcomes, e.g. improved nutrition, or avoid delayed discharge

Starting from what services are currently available restricts communication and limits options

Outcomes-focused

Outcomes may change in the person's life journey and so should be revisited

Outcomes are what matter to the person, though often consistent with professional and organisational outcomes, e.g. being able to get out and about

Starting from the person's priorities supports enabling relationships, creates clarity and identifies goals at an early stage. Being listened to, involved and respected results in better outcomes

Source: Miller E, Cook A, Samet W (2009) *Philosophy and Principles Underpinning a Personal Outcomes Approach*, Joint Improvement Team

part two

2

practising and sustaining the outcomes approach

Now that your team has an understanding of the principles of the outcomes approach and is aware of the key benefits, it is time to turn their attention to the important practice changes required to successfully implement and sustain the approach.

2.1

addressing the challenges

Exercise 3 is designed to assist individuals to consider how effectively they are engaging in the approach and what changes may need to be made, either on a personal level or a system level, to improve their outcomes-focused practice.

Before embarking on this exercise with your team, make it clear that it is not designed to assess or scrutinize individuals, but rather to identify the challenges of the approach and the various ways in which those challenges can be addressed to support practitioners. The message here should be that the responsibility for achieving success in the approach lies at all levels of the sector.

If you have time and the resources to do so, you may also find it useful to play a short film on the challenges of the approach. This film is one of a collection produced by research in practice *for adults* (ripfa). (<http://www.ripfa.org.uk/publications/multimedia/aboutoutcomes/328-the-films-two>).



exercise three

the challenges of getting outcomes into practice

Learning outcomes

- = identifying the individual and organisational challenges of an outcomes approach
- = understanding how challenges can be realistically addressed to facilitate the implementation of the approach



Time

Spend at least 45 minutes



Materials

Challenges handout

Instructions

- > Refer to the training materials for this exercise on page 22 and 23.
- > Ask the group to discuss what they think the challenges of an outcomes approach are. Capture views on a flip chart.
- > Distribute the challenges chart and ask the group to populate it with the key challenges they have identified.
- > Ask the group to work together to discuss what can be done to address these challenges.
- > Try to make sure the group focus on individual skills and attitudinal changes and not just changes that demand additional resources. What can they do with what they have?
- > Individuals should consider both personal challenges (e.g. difficulty understanding the language of outcomes) and system level barriers that may be inhibiting practice change (e.g. a risk averse culture or procedural requirements that stifle autonomy).
- > If your team has not yet had experience of an outcomes-focused approach, ask them to work through this exercise by imagining what challenges they would anticipate facing and what actions might have to be taken to overcome them.

exercise three: training materials



Challenges chart

1.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	
2.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	
3.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	

exercise three: training materials / continued



Challenges chart

4.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	
5.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	
6.	Challenge	Level of significance
	Planned action: Individual level	
	Planned action: Organisational level	

2.2

the outcomes conversation

In order to identify what the outcomes are for an individual, the conversations practitioners have with them and their carers are more important than ever. The point of the outcomes conversation is to find out from the person what is important to them as individuals. It is about guiding the person to identify his or her own outcomes. This will not always be straightforward and will require your skills as a listener and your ability to ask the right questions. Remember, many people who use services will be accustomed to a service-led approach and may not be used to being asked about their 'outcomes' (you may want to use the quotes, tables and benefits from Exercise 1 to help people receiving support to understand what the outcomes-focused approach means). Conversation with the family and / or carer is also important. They can help you better understand the person and can offer insights into them, their history, likes and dislikes. This can be of particular value if the person has dementia or communication problems.

At the end of the outcomes conversation you need to be clear about what the outcomes look like so you can work with the person to achieve these. Negotiation and compromise are important elements of the outcomes conversation. The conversation is between the practitioner and the person receiving support. Whilst the person's outcomes are important, they will need to be considered in relation to the legal, ethical and financial frameworks practitioners must operate within. Therefore, it may often be necessary to negotiate with the person to find a compromise and manage their expectations. Many outcomes will be simple and will not need much, if any, negotiation, for example having a kettle and teabags in the room of a person living in a residential unit so they can make their own hot drinks. Others may be more complex or seen as risky (we look at risk in the next section) and will need more careful negotiation.

It is also important to find out in the course of the outcomes conversation what the person can do for themselves. It may be that they can still for example, feed themselves, take short walks, make their own bed, get dressed and / or shower.



exercise four

asking the right questions

Learning outcomes

- = recognising the ways the outcomes conversation differs from a service-led approach
- = developing key questions to support conversations with people receiving support and their carers



Time

Spend at least 45 minutes



Materials

Flipchart paper

Instructions

- > Ask the group to list the ways they think the outcomes conversation differs to how they already talk to people who receive support during assessment and / or care planning. Surface the key issues and discuss, recording on flip chart if necessary.
- > Working in pairs, ask the group to devise a number of key questions that they think would be effective to ask during the outcomes conversation with:
 1. the person receiving support
 2. the unpaid / informal / family carer.
- > How do the questions differ? Discuss.
- > Emphasise to the group that the idea here is to develop several useful questions to help support the conversation rather than use them as a prescriptive list.
- > Make sure you address any aspects of the outcomes conversation that concern staff.

2.3

planning for action

Once your team has learned how to identify outcomes, the next step is to consider ways in which these can be achieved. An important part of the outcomes approach is to develop support plans for achieving outcomes that are not service-led. In this section, we get your team to consider innovative ways of achieving outcomes, involving friends and neighbours, voluntary organisations or services available to the community. We also look at how individual needs can be reframed to better understand and achieve outcomes, as in the case study provided in Appendix I relating to Catriona and scenario 1 and 2 on this page.

Thinking innovatively and proposing 'different' solutions can make staff apprehensive. They can be worried about things going wrong and may perceive this kind of decision-making as 'risky', particularly if the person who receives support or carer they are working with is keen to try something that poses inherent risks. In these situations it is important that staff feel supported to try something new and able to manage the risk of doing so.

This section will help you to address these two key issues with your staff. At the end there is some suggested further reading. This section does not cover documentation for your support planning; however links to the Talking Points materials (developed by JIT) are included in the sources at the end and provide ideas for documentation.



Scenario 1: Jean

Jean lives in a residential unit. After an outcomes-focused conversation with her key worker at the unit, it was discovered that Jean used to be a postmistress before she retired. Jean and her key worker decided together that Jean would look after the post for the unit, sorting and delivering it to other residents. This not only gave Jean a sense of purpose but also she got to know the other residents in the unit, strengthening her social support. One of the other residents made her a bag for the post which she can attach to her wheeled walking frame.



Scenario 2: Michael

Michael is 78 and lives alone in his own home but has mobility problems for which he receives some support from social services. It was decided that a shower room would be installed in his house to make it easier for him to wash. However, he didn't want a shower room and was becoming increasingly distressed that this was going ahead. After an outcomes-focused conversation with his social worker, it was found that what he really wanted was to be able to visit his son more in the next town. A compromise was reached whereby social services would provide the transport to take Michael to his son's house three times a week and this is where Michael would take showers with help from his son. This was not only a cheaper solution than adapting a bathroom into a shower room, but meant that Michael also got to spend time with his family.



exercise five

brainstorming for innovative solutions

Learning outcomes

- = developing innovative solutions to achieving outcomes
- = addressing barriers to solutions



Time

Spend about an hour on this



Materials

Printouts of the scenarios

Instructions

- > There are three stages to this exercise. If you have a large number of staff participating it can be useful to divide into smaller groups. If you are short of time, you may wish to cover fewer than the three scenarios. Although we have suggested three scenarios you should also feel free to substitute these for any of your own that are more suited to your area of practice.
- > Ideally divide into groups of around four or five. Each group should be allocated a scenario and firstly asked to think of the typical way that they might go about achieving the outcome and then to come up with as many alternative ways as they possibly can. It is really important to emphasise at this stage that we shouldn't be putting too much emphasis on constraints due to resources or other factors. We want to encourage as many ideas as possible and discourage criticism. Give around 10 to 15 minutes for this stage.
- > Then ask each group to choose their two best solutions to each scenario. If more than one group has been allocated the same scenario, ask them to choose one each. Around 15 minutes should be allocated for this stage.



exercise five

brainstorming for innovative solutions

/ continued

- > You should now have two potential solutions to each scenario. Still within the small groups, discuss each solution in more depth for about 15 minutes. For each solution ask the group to come up with:
 1. Reasons why the solution is good – get them to aim for at least three.
 2. Resources that would be required to implement the solution. The type and number of these will depend entirely on the solution proposed.
 3. Any partners that would need to be involved to implement the solution. This could include other agencies or services but also families and friends.
 4. Barriers to implementing the proposed solution.
 5. How, if at all, the barriers could be overcome.
- > Bring the small groups back together. Ask them to present two possible solutions to their scenario. As a team, decide which of the two solutions is the most workable. Each team should take around 10 minutes to present.



exercise five: training materials



Scenario 1: Sandra

Sandra is 24 with moderate physical disabilities. She lives alone and has personal care needs which necessitate a paid carer visiting three times a day. She expresses some loneliness and isolation and has been attending a day service once a week. She gets on with other people who use the service and staff but she is conscious that it is not the type of socialisation that she would have chosen for herself. She also wants more choice in her daily life in terms of getting up, going to bed and what to eat.



Scenario 2: Bill

Bill is 49. For the past five years he has been caring for his wife Linda who has a long-term condition. During this time, Bill has also been working full-time in a busy advertising firm. Bill is growing increasingly concerned about balancing his work and caring roles, since his own health has begun to suffer through stress and exhaustion. Bill wants to take good care of his wife, but also wants to maintain his career. Both Bill and Linda don't want to see a reduction in their household income and Bill doesn't want to lose the social contacts he has through work. Bill has recently joined a Carers Centre for support and advice.



exercise five:
training materials
/ continued



Scenario 3:
Helen

Helen is 88. After much discussion with her daughters she has agreed to enter residential care due to failing eyesight and numerous falls. Despite her new living situation and physical difficulties, she is keen to be able to continue to participate in her usual activities. These include attending her local church, taking a weekly walk in the park and baking. Staff in the care home are worried about dangers related to her participation in these activities.



exercise six

risk-taking

Learning outcomes

- = exploring risk factors in an outcomes-focused approach
- = identifying strategies for managing risk



Time

Spend at least 45 minutes



Materials

Risks table

Scenarios from Exercise 5

Risk is often seen as a negative thing with negative consequences. However, in taking an outcomes-focused approach, people's desired outcomes may well involve them undertaking a certain amount of 'risky' behaviour, which needs to be given consideration and supported by the practitioner. Additionally, practitioners themselves may find applying an outcomes approach 'risky'. With an outcomes-focused approach it is important to move away from more traditional attitudes to risk that centre around avoiding all risks to people that receive support and towards the concept of taking risks in a positive and mindful way to allow them to achieve their desired outcomes.



exercise six risk-taking / continued

Instructions

- > Refer to training materials on page 33.
- > Ask staff to list potential risks in practising an outcomes-focused approach using the Risk table. Example risks are provided in italics.
- > Emphasise that though there are risks inherent in any approach to providing support, this exercise is intended to surface risk in relation to an outcomes-focused approach.
- > Then ask staff to consider the risk in maintaining the status quo.
- > Discuss what can be done to manage each risk. Encourage discussion around the concept of minimising risk (perhaps not doing something or doing less of something) compared with managing risk (perhaps monitoring what is happening, compromising, putting safeguards in place).
- > Looking again at the scenarios from **Exercise 5: Brainstorming for innovative solutions**, working in small groups of four or five, allocate each group a scenario and ask them to identify risks under each of the categories in the Risk table.
- > For each risk, the group should now allocate a score of 'Likelihood' – low, medium or high – and 'Impact' – low medium or high. They should also discuss ways in which the risk could be managed and supported. In most cases, staff should be able to identify ways of managing risk. If they cannot, ask them to decide if the risk is 'worth it'.
- > Reconvene the whole team. Ask each small group to feedback on two or three risks that most concerned them. They should say how they rated the risk and why and what mitigating factors they proposed.

exercise six: training materials



Risks table



Risks to people that receive support



Risk to informal carers



Risks to provider

e.g. risk of reputation if something goes wrong
e.g. risk of lack of resource to implement action plans
(short summary notes of what action could be taken)



Risks to practitioner

e.g. will be blamed for failures if trying something new
e.g. will appear incompetent if trying something new



Maintaining the status quo

e.g. people are restricted and their potential is not achieved
e.g. doing things simply because 'they've always been done that way'

2.4

reflecting on progress

A service-led approach tends to measure progress or success in terms of outputs, such as the number of people who received a service, or how long it took to carry out an assessment. Such measures tell us little about how people are enabled to achieve what is important to them. They also fail to address the key issue of what difference support makes to the lives of those receiving it. In contrast, an outcomes-focused approach seeks to measure the impact support has made and takes personal goals as a legitimate measure of progress.



exercise seven

what difference has the approach made?

Learning outcomes

- = understanding how progress in an outcomes-focused approach can be measured
- = recognising the relationships between outcomes, actions and improvements



Time

Spend at least 30 minutes



Materials

Progress chart

Instructions

- > Refer to training materials on page 36.
- > Ask staff to think about an outcome they have agreed with a service user or a person supporting a service user.
- > Ask them to reflect on any progress made towards achieving that outcome and the factors that influenced this.
- > After the group has completed the exercise, discuss with them their views on measuring progress in an outcomes-focused approach and the pros and cons of these for both staff and people that receive support / unpaid carers.
- > Can staff suggest other ways progress could be measured?
- > If your team has not yet had experience of an outcomes approach, ask them to work through this exercise by imagining and discussing the difference an outcomes approach might have made.

exercise seven: training materials



Progress chart



Think of an outcome you have agreed with the service user or carer
Example: Improved confidence / morale / feeling safe



What steps have you taken towards achieving the outcome?



What does the service user tell you about any changes / improvements that have happened?



What does the person who supports the service user tell you about any changes / improvements that have happened?



What key differences do you think an outcomes approach made in this case?



What factors enabled progress in this example?



What factors hindered progress?

2.5

sustaining change and momentum

This section highlights key factors that can help sustain the change towards an outcomes approach and maintain momentum to help embed this way of working. It is important to impress on staff that while sustaining change is not their responsibility alone, they have an important role to play in what is a long-term process toward a shift in culture and practice.

Part of ensuring change is sustained involves addressing resistance to change. The table below highlights some factors that encourage positive responses to change that could help you support your team to do things differently.

Change is generally met with enthusiasm when:

- we are involved in the design of the change
- we feel that our opinion / views are heard, and contribute to the new reality
- we benefit from the change
- the organisation benefits from the change
- the wider community benefits from the change
- we dislike the present status quo

- we are confident about our competence in the new context
- we can see the big picture and how the change contributes to it
- we are given support and time to adjust to the changes
- we are not expected to change too many things at the same time
- change is spaced
- we understand the reasons for the change
- we believe the change is important
- we believe the change is necessary

(Adapted from *Change Management Infokit*, Northumbria University, 2009)

2.5.1

feedback

Feedback between staff and management is essential for sustaining an outcomes-focused approach. Staff need to have plenty of opportunity to feedback to managers about successes and achievements so information on ‘what works’ (and what doesn’t) can influence action planning and service redesign. Managers, in turn, need to communicate to staff how this information is being used for service improvements in order to reinforce the value of their feedback.

The purpose of feedback is to work toward improvement and to facilitate action and change. However, it is worth bearing in mind that feedback might not directly or instantly lead to change. Feedback is a communication tool rather than a set of instructions, and many other factors and priorities may have to be considered as well. Nevertheless, feedback increases the likelihood of change as it evidences barriers and enablers, making explicit the key issues impacting practice.

Effective feedback

- is timely and regular
- is communicated in clear, plain language
- provides examples to support points and arguments
- presents a balanced view. In providing feedback, highlight barriers and problems but also suggest solutions and make recommendations for improvement



exercise eight

what makes for effective feedback?

Learning outcomes

- = understanding feedback as a driver for change
- = exploring new opportunities and mechanisms to give and receive feedback



Time

Spend at least 30 minutes



Materials

None needed

Instructions

- > Discuss your team's views of feedback including:

What do they think makes for effective feedback?

When are good opportunities to deliver feedback? Team meetings, supervision, group presentations?

Are staff satisfied with the feedback mechanisms already in place?
Will these need to be adapted to serve an outcomes approach?

2.5.2

motivation

As with any new approach to working, motivation is key to sustaining and embedding an outcomes approach. Letting staff know that their feedback is important and valued is one way to motivate them.

Other methods could include:

- Staff development days where staff have a chance to share their success stories of using an outcomes approach and positive feedback from people who use services. These days can also be a good opportunity to develop stronger links between managers and frontline staff. Action learning sets could be built into development events. An 'action learning set' refers to a small group of individuals that work together to reflect on practice, discuss challenges and possible solutions with a view to improving performance. These group discussions harness peer support and the sharing of practice wisdom, experience and creative problem solving.

- Smaller scale events such as lunchtime seminars could be organised to bring staff together regularly in an informal way. Staff could suggest themes and agendas for these seminars, promoting a sense of ownership.
- A network of champions and enthusiasts for the approach could prove a valuable source of inspiration and support to keep staff motivated.

Communities of Practice that meet face to face and / or online can also provide a means for continuing the dialogue about outcomes, exchanging experiences and sharing ideas. The Supporting Better Outcomes Community of Practice is one example that staff can become part of (<http://www.idea.gov.uk/idk/core/page.do?pagelD=8934336>).

For more on communities of practice and social networking, see IRISS's social networking website: <http://content.iriss.org.uk/socialnetworking/>

2.6

reflecting on leadership

Having been through the key training steps of this guide, it is time to reflect on the importance of leadership and the ongoing responsibilities that come with leading an outcomes-focused approach.

Recent studies have indicated that leadership is not only of critical importance to the performance of social work services, but also to the outcomes for people who use those services (SWIA Report, 2010). Taking your team through this training guide will hopefully have assisted in facilitating and sustaining the shift towards outcomes-focused practice. Having said this, it can only be a small part of a much larger effort. As those at the Social Policy Research Unit (SPRU) have argued: ‘getting outcomes into practice’ can never simply be about finding the right tools and training people to use them’. (Nicholas and Qureshi, 2004, p10). Although training is important, the culture shift required to make fully the transition to outcomes requires organisational change and effort at all levels.

As a leader, your commitment to change must be ongoing and focused not only on supporting team members to make practice change, but also on facilitating change at an organisational level. You can do this, for instance, by ensuring that positive user outcomes are made known to managers and directors and therefore have the possibility of informing service change at a system level. The ultimate goal of the outcomes-focused approach is not realised with the attainment of individual outcomes, but rather with the continuous improvement of services and supports for those in need.

Evidence on outcomes-focused practice suggests that leaders of the approach can make real progress by starting small and working with enthusiasts (SPRU, 2004). We therefore recommend that you, and others leading the approach, make efforts to seek out champions within your teams – individuals who are ‘early adopters’ and will disseminate the message. They can be vital in eroding scepticism of the approach and helping to ground the approach in local practice. At some stage, you may wish to provide champions with the opportunity to train their peers. Champions might also benefit by having

reflecting on leadership / continued

access to the digital stories of users who have benefited from the approach.

Involving people that receive support and carer enthusiasts in workshops and planning meetings is another way of challenging assumptions and service-led practices. These events must be handled with sensitivity, but can ultimately be very effective in reinforcing the need for joint responsibility in implementing the approach.

Finally, in returning to the idea that implementing an outcomes-focused approach requires culture change, it is important to accept that such change cannot be installed or imposed. It takes time to become embedded and requires effort at various levels and in various ways throughout organisations. Systems of performance review and financial management, for instance, must be reconfigured in ways that support the outcomes approach. As an outcomes leader, you can make known the success of outcomes-focused reviews such as those produced by the Department of Health, the practical guide to which can be found at: http://supportplanning.org/Support_Planning_Downloads/OutcomeFocusedReviews2.pdf

In all of these ways, your work as leader can make a difference in moving an outcomes-focused approach from policy into practice. Remain resilient and determined in your efforts to move the outcomes approach forward. You too will have competing priorities and will have to balance your responsibilities to service with those to staff. In the end, the evidence indicates that the efforts you put into leading will pay off.

reflecting on leadership / continued

Learning log

What worked?

What didn't work?

Significant learning(s)

Practical application of learning(s)

Longer-term actions that I need to take as a result of my learning

reflecting on leadership / continued

Supported leadership

Just as staff require support in order to practice in an outcomes-focused way, you too will require support to lead that change in practice. Reflecting on leadership experiences will help you not only to identify what further leadership your team may require in order to make the shift in practice, but also prompt you to consider what further tools, resources or support you need to lead an outcomes-focused approach more effectively.

The chart on page 45 is provided to assist you in thinking through how you can move forward and garner support as a leader. Examples of support are provided as prompts. Each leader's needs will be unique, so think carefully about what may help you most. Once you have populated the chart, it is advisable that you share your learnings with others. Depending on your support needs, you may want to approach your manager or team members for resources, time and ideas. IRISS would also very much like to hear from you regarding how we may be able to support you further (please contact us at enquiries@iriss.org.uk).

reflecting on leadership / continued

Supported leadership chart





appendix one: case studies

outcomes for a person receiving support and a carer

outcomes for a person receiving support



Catriona is in her early twenties and lives with her mother. She has moderate learning disabilities and at times her mother finds it difficult to respond to her daughter's anger.

She is increasingly reluctant to go out of the house with her daughter. Catriona attended a special school; she spent a couple of years at home after she left school and then started to attend a day centre five days a week. However the day centre manager has indicated that Catriona seems increasingly disinterested in most of the activities at the day centre and they are concerned that Catriona is becoming depressed. They have initiated a review of her case with the social worker from the learning disability team. The social worker was a recent addition to the team and had not met Catriona before.

The social worker visited Catriona and her mother at home. She wanted to get to know Catriona, to find out what she enjoyed in life, and to explore the outcomes that they should seek to achieve. As part of an outcomes-based assessment, she discovered that Catriona loved watching films, that she had two sisters living locally with whom she had a good relationship, that she did not like attending the day centre except on the day when they went swimming, and that she loved shopping but her mother never seemed to want to go to the shops any more with her. Catriona wanted to know why she couldn't go to work like her sisters.

The key outcomes identified for Catriona were:

- = having things to do during the day other than attending the day centre
- = getting out of the house more at weekends
- = having a wider group of contacts
- = improved mental well-being.

A support plan was drawn up based around these outcomes. It was agreed that Catriona would reduce her attendance at the day centre to two days a week, including the day that people went swimming. The social worker spoke to the local area co-ordinator and Catriona was introduced to a volunteer who shares the same interest in films. Hearing that her sister was no longer at the day centre every weekday, one of her sisters suggested Catriona should come over to her house on her weekly day off.

A review was conducted at six months focusing on the extent to which the key outcomes had been achieved. Catriona had started going to the local cinema with the volunteer two afternoons a week and had become such a familiar face that she started helping to take the tickets and show people to their seats. Plans were in hand for this to be formalised and for her to be offered a part-time job. Once this was in place she was planning to stop going to the day centre except on the day she went swimming. As a result of going to her sister's house regularly, she had become part of her sister's immediate group of friends and often went to the shops with them. On these trips she always made sure they went into the cinema cafe. Her mother indicated that she seemed much happier in herself and that the outbursts of anger had greatly reduced. As a result her mother felt much more comfortable about going out and she, her mother and her other sister often went out together for a meal at the weekend.

outcomes for a carer



The local Carers' Centre had been alerted to Mr MacKay after he had turned up at his GP saying that he was at the end of his tether. His wife of fifty years had been diagnosed with dementia four years previously and he was finding it increasingly difficult to cope on his own.

After a second night with little sleep he had found she had wandered off mid morning and had had to go down the street searching for her. Safely back in the house the endless repetition of questions and the need to persuade her to have a bath had led him to the point where he was worried he would get angry and shake her. A carer support worker visited Mr MacKay and undertook an outcomes-focused assessment with him.

She learnt that Mr MacKay and his wife had had a very close relationship, that he was determined to support her at home as long as he was able, and that he was terrified by these feelings that he might end up harming her. She also discovered that Mr MacKay and his wife had been keen members of the local bowling club but Mr MacKay had not felt able to leave his wife to go for a game for over a year; that the couple had a daughter who was keen to offer support but was constrained by living 300 miles away; and that Mr MacKay had been employed as a professional photographer.

A number of key outcomes were identified for Mr MacKay:

- feeling safe to continue being the primary carer for his wife
- having the opportunity to get back to the bowling club
- feeling less isolated.

A separate assessment with Mrs MacKay identified key outcomes for her as being able to get out of the house more; having things to do; and keeping in touch with her daughter.

In discussion between the two workers carrying out the assessments the following support plans were agreed. Two days a week Mrs MacKay would attend a local support provision whereby three people with dementia were offered support through an individual providing a base in their own home. A number of adaptations would also be fitted within the home, for example a movement monitoring device. This would enable Mr MacKay to go to the bowling club on these two days. It was also arranged that every Thursday evening Mr MacKay and his daughter would speak on the phone; he had also been given the number of the 24-hour Dementia Helpline run by Alzheimer Scotland.

After six months a joint review was held to discuss the extent to which the desired outcomes for Mr and Mrs MacKay had been achieved. Although Mrs MacKay's illness had progressed over this period, the day support and the provision of the equipment had made a huge difference. Mr MacKay reported he felt much less isolated and his old bowling skills were gradually returning. Someone at the club had suggested he set up a skype account with his daughter and this meant that his wife could be involved in the weekly conversation. Through the carer of one of the other people using the day support he had been told about the local dementia cafe and both of them had been encouraged to go along. This was now an event he looked forward to and they both enjoyed each week. Hearing that he used to be a photographer, Mr MacKay had been roped in to take photos of the activities at the cafe and had recently been asked to take a series of portraits of those attending.

end notes



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