Understanding and using an outcomes approach: One-stop-shop for people who lead and influence practice in domiciliary care

Contents

Who is this resource for?

We've worked with domiciliary care managers and people who lead and influence practice in domiciliary care to develop this resource, but it can be useful for anyone working and managing staff in a social care setting.

We know that an outcomes approach works best when all parts of the organisation, and partners, use the approach.

You can use this resource in any order. It contains ideas for how the sections can be used in team meetings, with staff on a one-to-one basis, or for your own reflection and development.

Getting to grips with the basics:

What are personal outcomes?

Personal outcomes are statements that describe what the person using care and support and their care worker can achieve by working together. Different people will have different outcomes because they're about what matters to each person. For some people, it will be about change. For others, it will be about maintaining their quality of life (Nicholas et al 2003)[1].

Some examples of personal outcomes are:

- **"To be able to go back home, build my confidence and live on my own like I did before"**
- **"I can stay in touch with my daughter through weekly phone calls, which is a real life-line for me"**
- **"I want to get to school on time like the other kids and have a clean uniform"**
- **"I want to go to swimming classes, but I need to know my husband will be okay and that someone will be there for him when I'm not"**
- **"I want to carry on managing my asthma so I can keep playing with my friends in the playground."**

The way that care and support is provided is also important because it can have a real impact on how the person receiving support feels. These are sometimes called process outcomes (Nicholas et al 2003)[2]. For example, "My support worker makes me feel good about myself, like I can do stuff".

Personal outcomes should be:

- personal and individual – they are unique to the person and their life
- realistic – it can't be the same as it was, so how can I adapt, manage, remain hopeful and feel in control?
- achievable – what strengths have I got that will help me? What resources do I have within myself, my family, friends and community? How can the care and support I receive assist?
- meaningful – makes a positive difference to someone's life and enhances it in a way that's important for them
- evolving and changing or provide stability and continuity – accepting that nothing stays the same or for some people, staying the same or being able to continue something is enough.

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1. Nicholas et al 2003, Developing Outcome-Focused Practice: Examining the Process
2. As above

Personal outcomes are not services or resources. These are not personal outcomes:

- using a home care service
- fitting a walk-in shower
- attending a parenting group.

A person might use a home care service, or have a walk-in shower fitted – these are the things the person does or is provided with (the inputs) to help the person achieve their outcomes, but they are not an outcome in themselves.

Term	Definition	Example
Personal outcome	The well-defined picture the person describes that represents a realistic hope for them. The end result or impact the person wants to achieve	- I want to feel comfortable and smell fresh, so that I can enjoy spending time with my grandchildren - We want our son to have a bedtime routine so that he sleeps well at night and doesn't fall asleep at school
Need/Barrier	Requiring something that is essential. Requiring help. A circumstance or obstacle that keeps people/things apart, or prevents communication or progress.	- Since having the stroke, I'm not able to shower myself - Our using substances has stopped us keeping routines with our children
Resource	Things (sometimes called 'inputs') needed for the person to achieve their outcome.	- Person's own strength, skills, ability - People (in people's own network) - Money - Care workers - Social workers - Health workers - Technology/services/equipment - Local community groups
Output	Product or activities	- Meetings - Visits - Training - Advocacy - Personal care

Try this quiz to see if you can identify the personal outcome statements from the list below:

	Statement	Is this a personal outcome?
1	I can't get out and about anymore because I'm unsteady on my feet	
2	To have a better social life by being part of a sewing club and not feel lonely	
3	I want to control my drinking, so I can rebuild the relationship with my daughter and get to read my grandson a bedtime story	
4	Provision of information about local singing groups	
5	I want to have more confidence to go to town on my own so that I don't have to rely on my family	
6	When Mum feels low she stays in bed all day	
7	To have home cooked meals that I enjoy at a time that suits me	
8	We want to have a clean and tidy enough home, so we feel happier and can invite friends around sometimes	
9	Referral for an assessment at the Community Mental Health Team	
10	To be able to walk safely in my garden without being afraid of falling	
11	Best Interests Meeting to be arranged	
12	I have care workers calling three times a day to help with personal care	
13	Dad is getting very forgetful, he wants a memory clock	
14	I want mum to sit with me and help me with my homework	
15	I go to the memory clinic once a month	
16	I want to be able to get out and do the things I love. I love to go singing and see shows. I don't ever want to feel like I'm trapped in my home	
17	I am registered blind	
18	I will have come to terms with the loss and the sadness, and I will be focusing more on the positives	
19	Mum needs homecare	
20	Respite care is needed for Mrs Jones when her husband is admitted to hospital for treatment	
21	Going to a carers' support group	
22	I can reduce the stress on my daughter and stay at home while maintaining a link with my friend	
23	I want to be able to use a toilet rather than doing my business in a pad. It's not very comfortable to be laying in it and it's embarrassing having the carers change me	
24	I'm having supervised contact with my dad	
25	I want to be able to read my children a bedtime story and put them to bed	

The answers are in this document.

Outcomes and well-being

Personal outcomes usually support the person's well-being. A sense of well-being comes from things such as relationships, being respected and having a sense of purpose, feeling safe and secure.

The Senses Framework developed by Nolan et al[3] says that good, relationship-centred care is only possible when individuals receiving support, carers and the workforce all have a sense of:

- security
- continuity
- belonging
- purpose
- achievement
- significance.

The aim is that all the senses are experienced by everyone involved: the individual, their family and staff. Each sense may be experienced in slightly different ways by different people. For example, a sense of belonging – we may immediately recognise that it's important for older people to maintain relationships, but we must also acknowledge how important it is for staff to feel they belong to a team, and for family/carers to know they have trusted individuals to turn to, that they are not in this alone.

You can find more information and other resources to do with the Senses Framework, including a rating scale and checklist here.

Senses Framework Rating Scale

Checklist for Staff

What is an outcomes approach?

An outcomes approach supports people who access care and support, and their families towards living the best lives possible, building on their own strengths and capabilities. It means recognising that everyone can contribute: the person, their network of friends and family, and their community.

> **"Personal outcomes should primarily be understood as what matters to the person. So, the starting point is to work with the individual to define what is important to them, and to plan activities and support from there." (Cook & Miller, 2012)[4]**

Taking an outcomes approach means moving away from focusing on problems, needs and services. The approach is based on these principles:

- people are experts in their own lives
- people want to do the things that matter most to them, in their own way
- people's strengths are important and need to be acknowledged

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3. Nolan et al, The Senses Framework
4. Cook and Miller, Joint Improvement Team 2012, Talking Points: Personal Outcomes Approach A Practical Guide for Organisations

- people are best placed to tell us what's important to them and gives them a sense of well-being, but they may need help to do this
- the person's family, carers and local community can contribute to supporting outcomes
- meaningful conversations are central to understanding a person's outcomes.

You may have heard of approaches or models that sound like an outcomes approach:

How do similar approaches relate?

1. Co-prodcution recognises that people are experts in their own circumstances. Working with people in this way means pushing the power in the relationship towards the person who is using care and support. It means care workers being 'enablers' and not 'fixers'.

2. Shared decision making is where people and their care workers work together to make decisions about care and support based on the person's known wishes and preferences.

3. Strengths-based approach/ asset-based approach means focusing on 'what is strong rather than on what is wrong'. Working together with people to do things for themselves to achieve their outcomes. This includes considering the person's own resources, such as skills, abilities and knowledge, and the resources that are available in the person's own network and community.

4. Personalisation means making sure people who receive care and support remain in control of the process – that they are active participants and not passive recipients. It's about care workers feeling empowered to support people creatively and enabling them to find their own solutions wherever possible.

Putting the person at the centre of what we do means moving away from a service-led approach to an outcome-focused approach. This means moving from:

- focusing on what is wrong to focusing on what is strong
- finding problems and deficits to building on strengths and capabilities
- asking people questions from a tick list to having conversations with people, asking open questions and listening hard for the answers
- seeing the worker as the expert and solution-finder to seeing the worker as the partner and enabler.

Watch this video where trainer Rhoda Emlyn-Jones explains the basics of an outcomes approach to a group of provider organisations.

You can find a printable booklet that explains the basics of an outcomes approach here.

You can find a printable poster that outlines an outcomes approach here.

Why should we work this way?

The Social Services and Well-being (Wales) Act 2014 (the Act) focuses on people's well-being and puts them at the centre of their care and support planning. This is one of five principles that the Act is built on.

The five principles are:

1. Voice and control
2. Prevention and early intervention
3. Well-being
4. Co-production
5. Multi agency.

The *Code of Professional Practice for Social Care* guides how we work.

The Act expects, allows and encourages us to:

- do things differently
- do different things
- put person-centred care at the heart of all we do.

It requires us to:

- "ascertain and have regard to an individual's wishes and feelings" – this means to find out and pay careful attention
- identify the outcomes a person wants to achieve by finding out what matters to the person and their family/network.

The [Code of Professional Practice for Social Care](#) describes how we can safely build this into our practice.

This 10-minute video called [What the Act Means to Me](#) tells you about the principles of the Act.

[This workbook](#) gives ideas and activities that will help you understand and apply the principles of the Act.

How personal outcomes fit with service and national outcomes

In this resource when we talk about outcomes, we are referring to personal outcomes for individuals and families. But there are also outcomes for projects/services, organisations and for Wales. Personal outcomes for individuals and families are at the centre of all these. When you plan work for your team or organisation, outcomes aren't just another thing to think about – they should underpin everything. What matters to people can help define service or national outcomes, rather than national outcomes limiting how we work.

Personal outcome:

• I want to be a father as much as anyone else and get upstairs to read my children a bedtime story

Defined by the person about what is important to them in life. Sometimes co-produced with the worker who can support the person to think about their outcomes by having a meaningful conversation.

Project/Service outcome:

• Our service will enable people to maintain their role within the family and community

Defined by a project or service as a key focus to work towards with individuals and families or networks/communities.

Organisational outcome:

• We will work with people to define and co-produce personal well-being outcomes that people wish to achieve

Defined by a local authority, a health board or a provider as a key focus to work towards. This usually involves working across several different organisational boundaries.

Welsh Government national outcome:

• I contribute to and enjoy safe and healthy relationships

Defined by the Welsh Government, the national well-being outcomes set out what people who need care and support should expect to achieve to lead fulfilled lives. This also helps focus activity across sectors and organisations.

To develop an outcomes-focused approach for an organisation, we need to ask what this means for our organisation's approach, priorities and what their management will focus on.

There are three principles that can help you think about how to develop an effective, outcome-focused organisation:

1. **Building trusting working relationships with individuals and families whenever possible is essential**
   Understand the need to support the conversational skills of staff so that they can find out what matters to people. Build and value their ability to relate to people through training, supervision, and by having clear management priorities and consistent decision making.

2. **Adopt a holistic approach**
   Move away from traditional, problem-focused, time and task plans to more holistic approaches that value the identity of each person. This works best when everybody works in an outcome-focused way. For more information about this, take a look at the section on <u>Better conversations with partners</u>.

3. **Work needs to be grounded in everyday experience**
   A policy or practice that looks great on paper needs to work for the families and staff who experience it. Make sure that paperwork and process supports, not works against, an outcome-focused approach.

What does this mean for domiciliary care providers?

Culture change

Workplace culture is about the atmosphere of an organisation or team, how it feels to work there, and what is expected from its people. It can be thought of as the 'personality' of your workplace and has an impact on how others think and feel about you and your staff.

> **"Workplace culture? It simply means 'the ways things are done around here'." (Deal and Kennedy)[5]**
>
> **"Every workplace has a culture which could be positive, negative, or a mix of both. It influences how people behave and feel at work – so whilst you cannot see your workplace culture, you can see its impact." (Skills for Care)[6]**

To work in an outcome-focused way, the principles need to be embedded into all parts of our organisation – in our behaviours, our processes and our paperwork, throughout recruitment, induction, supervision, development and day-to-day working. Managers, supervisors and people who lead and influence social care organisations have a crucial role in shaping their workplace culture, so it becomes strengths-based and outcome focused. To do this we need to:

- role model an outcome-focused approach
- celebrate successes
- build relationships with staff
- support staff to be creative and flexible
- be visible
- work with individuals and families when developing and evaluating services: co-produce!
- give outcome focused supervision
- take a considered and positive attitude to risk
- build staff's conversational skills.

You can listen to a five-minute video where a head of children's services explains how they changed their workplace culture to embed an outcome-focused approach (Keri Warren on Culture Change).

You can find a resource here that explains more about workplace culture.

5. Deal T. E. and Kennedy, A. A. (1982, 2000) *Corporate Cultures: The Rites and Rituals of Corporate Life,* Harmondsworth, Penguin Books, 1982; reissue Perseus Books, 2000
6. Skills for Care, 2018, An introduction to workplace culture: What is it and why is it important?

Self-assessment tool: the culture star

The culture star can help you consider where your workplace culture is now and plan how you will get to where you want to be.

Each point of the of the star refers to an element of workplace culture in relation to an outcome-focused, strengths-based approach. Plot where you think you are now (1-10, with 10 being the best) and then make a plan for how you will reach the next step. Ask staff to plot where they think the organisation is and let them answer anonymously, to get as much honest feedback as possible.

Values: we all know and share our organisational values

Identity: our messaging is consistent – our staff and the public understand what our organisation is about and the approach we take

Outcomes: people achieving what matters most to them, in their own way, is of central importance to us

Strengths: we find out, and work to the strengths of the people who use our services

Learning and change: supporting staff to learn and develop their conversational and other skills is important to us

Community: we know our local community and its resources, and connect people wherever we can

Co-production: we involve staff, people who use our services and their families, in how we design and evaluate our services

Communication: it's two-way – we tell our staff what is going on and listen to their perspective, everyone's opinion is valuable
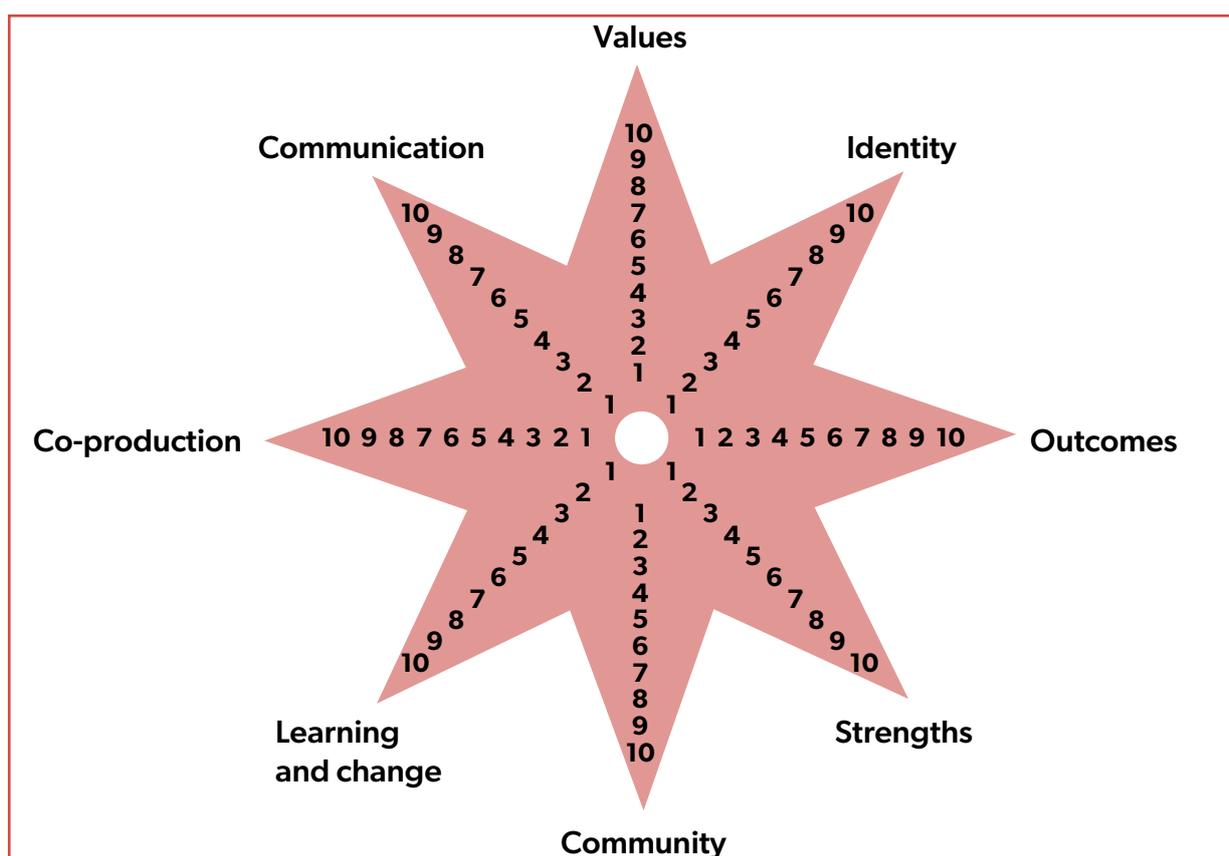
Once you have plotted where you think you are, think about:

- what does this show about your workplace culture?
- how does that affect you, the workforce and the people you support?

It can be useful to write it out on a table, like [the one here](#).

Then think about the different actions you might take to help make the shift – they could be small details or more fundamental changes:

- taking time to meet, greet and get to know new members of staff
- saying thank you
- finding individuals and families who will give you honest feedback about how it feels to use your service
- changing paperwork so it encourages strengths-based conversations
- getting together with other provider organisations and sharing challenges and achievements
- leading by example
- involving staff in development (such as the induction package and team meeting structure)
- finding outcomes approach champions
- recognising when we get things wrong.

Better conversations with partners

We know that a focus on outcomes works best when everybody works that way: outcome-focused service provision relies on outcome-focused conversations with people who make referrals or commission the service.

This would mean the person making a referral to the domiciliary care service taking an outcome-focused approach with people who need care and support during assessment, and care and support planning. A meeting before the care and support starts between the service provider, the person who needs care and support and the person making the referral can help make sure everybody understands what matters, how it could be achieved and how they will work together.

Many partners will be working towards an outcome-focused approach, but may not be fully outcome-focused and strengths-based in their practice yet. Sometimes other organisations or workers will make referrals that describe the situation in a problem-based way. They may set out the kind of input they think the person needs. We can encourage them to re-frame their approach – to be specific and balanced about concerns or risks and to describe the person's strengths and potential.

Supporting partner organisations to understand and begin to use an outcomes approach is an important part of collaborative working. When we continue to have problem-focused conversations with referrers it can lower the chance of an effective outcome because:

- plans that are 'inflicted' on people rather than agreed with them can result in excessive service provision
- people may be resistant, so referrers argue their case, which distracts from a more effective conversation
- it risks a loss of trust if people feel they haven't been heard.

If we want to foster a strengths-based, collaborative approach between us and our partner organisations, as well as with individuals and families, we need to:

- be flexible and allow for change
- review progress regularly
- anticipate future challenges
- strengthen relationships
- listen respectfully to all closely involved.

Here are some useful questions to use with other professionals at the point of referral or review:

1. What are the priority outcomes for this individual/family?
2. What are the specific concerns for the individual/family and for you?
3. What have you noticed when things are going well?
4. What do you hope for in terms of change? Short term? Medium term? Long term?
5. What would the person/family be doing differently in three months' time if things were improved?
6. What would you want from us?
7. How shall we keep in touch as things progress?

This Better Conversations for Service Providers guide, covers the principles of an outcome-focused approach and better conversations in relation to people, families, other professionals and organisations.

Outcomes and commissioning

A personal outcomes approach focuses on what matters to people and their families. To work at its best, everyone who has a say in the way that care and support happens will take an outcomes approach. For a domiciliary care service, that includes the staff who provide care and support, their managers and leaders. It also means that people who arrange and check the quality of services need to take an outcomes approach, including people like social workers who help plan individual care and support, commissioners who work with services in their area and inspectors who check the quality of services.

Commissioning services on a time and task basis is where services are given a set amount of time and asked to do specific tasks within that time. It focuses on the task rather than the person and so is a barrier to embedding an outcomes approach, but it's still possible to work in a more outcome-focused way in your own team, service and organisation.

The way your service provides care and support can have a real impact on how the person receiving support feels, and an outcomes approach places the person at the centre of their care and support. This shift can influence your partners, as well as improve outcomes for families and job satisfaction for staff.

Increasingly, commissioners across Wales are moving towards commissioning for outcomes – providers can play an active part in the commissioning process and show that their organisational culture, processes and practice are 'outcomes ready'.

How can we show the impact?

The points below set out how you can show the difference that working closely with individuals, families and key partners has made:

- **Describe** the outcomes you want to achieve as a service or team. Why do you perform the service in the first place?

- **Turn** the identified outcomes into qualitative measures (that you can count). For instance: percentage of people doing the things they told you they hoped to do

- **Confirm** that your service or team's actions will lead to the outcomes you're aiming for: that your outputs lead to your outcomes

- **Implement** your plans and track them over time

- **Demonstrate** your success by using the data to confidently and appropriately show your impact and value

Explaining and evidencing the approach

Thinking through and being able to answer the four 'S's will help you prepare your organisation for outcome-based commissioning:

Service orientation: what is our philosophy, what is most important to us, what 'makes us tick'?

Staff skills: how much training do we offer staff about communication skills, and an in-depth understanding of the feelings they may encounter with individuals and families?

Support systems: what do supervision conversations focus on, what messages do we give staff about what's important, what paperwork do we expect of them and does it fit with the approach?

Seal of approval: do we need to give staff need permission to work in this way and celebrate good practice? There will already be lots of examples of outcome-focused, strengths-based working within our organisations!

Outcomes-based homecare commissioning toolkit

The purpose of the National Commissioning Board is to improve the quality of commissioning in Wales. It's produced a toolkit to help develop an outcome-focused approach to the commissioning of home care services.

You can find [the toolkit here](#).

You can find [an introductory guide to commissioning for outcomes here](#).

You can find a tool to support you to develop your knowledge and skills [in change management project planning here](#).

Outcomes and the inspectorate

Care Inspectorate Wales (CIW) has developed an inspection framework to help inspectors think about how well social care services support people accessing care and support to achieve their personal outcomes.

You can read [CIW's inspection framework](#).

The framework is based on the definition of well-being and the principles of the Act. They are described in more detail in the national outcomes framework. The national outcomes framework isn't there to restrict what you do, but was written to help services understand what an outcomes approach is so they can move towards the approach.

You can find the [Welsh Government's national outcomes framework](#) here.

When we co-produce personal outcomes with people, we expect their outcomes to reflect the national well-being outcomes. Here are examples of some personal outcomes, which link to each of the national well-being outcomes. See if you can give some examples of personal outcomes yourself:

Well-being definition from the Act	National well-being outcome	Personal outcome example
Securing rights and entitlements Also for adults: Control over day-to-day life	I know and understand what care and support opportunities are available and use these to help me to achieve my well-being	To know what to do and where to turn when I can feel my symptoms getting worse
	I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being	
	I am treated with dignity and respect and treat others the same	
	My voice is heard and listened to	I can plan with my care worker what I want to say at my review meetings
	My individual circumstances are considered	
	I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me	
Physical and mental health, and emotional well-being Also for children: physical, intellectual, emotional, social and behavioural development	I am healthy and active and do things to keep myself healthy	I want to go to the swimming pool on my own
	I am happy and do the things that make me happy	

Well-being definition from the Act	National well-being outcome	Personal outcome example
Protection from abuse and neglect	I am safe and protected from abuse and neglect	
	I am supported to protect the people that matter to me from abuse and neglect	
	I am informed about how to make my concerns known	I will know who to speak to if I don't feel safe in my home
Education, training and recreation	I can learn and develop to my full potential	
	I do the things that matter to me	I want to go to the mosque on a Friday
Domestic, family and personal relationships	I belong	To maintain my tenancy so I can live in the town where I've always lived, where everyone knows me
	I contribute to and enjoy safe and healthy relationships	
Contribution made to society	I engage and make a contribution to my community	
	I feel valued in society	
Social and economic well-being Also for adults: Participation in work	I contribute towards my social life and can be with the people that I choose	
	I do not live in poverty	
	I am supported to work	
	I get the help I need to grow up and be independent	To budget by myself and not run out of money by the end of the week
	I get care and support through the Welsh language if I want it	
Suitability of living accommodation	I live in a home that best supports me to achieve my well-being	I want to get upstairs so I can use my entire home, especially my bathroom.

What does this mean for managing domiciliary care workers?

Recruiting for values

What are values?

We need workers with values that enable them to work in an outcome-focused way. Values are not skills or abilities, they are the views and beliefs we hold that influence and guide our actions.

- Values – the things you believe are important in the way you live and work
- Skills – your abilities and expertise
- Behaviours – actions and observable emotions

Your organisation's values

Organisational values should underpin the whole recruitment process: how you advertise, the person specification and job description, right through to interview, induction and beyond.

If you want to recruit people with the right values for your organisation, you first need to understand what your organisation's values are. They might already be defined somewhere and it can be really useful to think about what they mean in practice. This will help you identify the values you're looking for when recruiting staff, enabling you to provide outcome-focused, strengths-based care and support, and helping staff feel that they fit well within the team.

Here is an example of a values and behaviours framework that you can use as a starting point for developing your own framework.

The values that you need to work in an outcome-focused way in social care are reflected in the *Code of Professional Practice for Social Care*:

1. Respect the views and wishes, and promote the rights and interests, of individuals and carers
2. Strive to establish and maintain the trust and confidence of individuals and carers
3. Promote the well-being, voice and control of individuals and carers while supporting them to stay safe
4. Respect the rights of individuals while seeking to ensure that their behaviour does not harm themselves or other people
5. Act with integrity and uphold public trust and confidence in the social care profession
6. Be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills
7. In addition to sections 1-6, if you are responsible for managing or leading staff, you must embed the Code in their work.

You can use this tool developed by Skills for Care to map your organisation's values and find out where you could develop them further.

If you want to recruit and retain staff who have the same values as your organisation, then managers and influencers in your organisation must role model those values and behaviours. Potential staff members need a realistic preview of what it would be like to work for your organisation, even before they apply.

This checklist will help you plan recruitment and retention.

Watch this video made by Skills for Care, where a provider organisation talks about how they worked together to build and then embed their workplace values.

Recruiting workers with the right values

You can use this resource in your advertising to support potential applicants to see if they have the right values for a career in care.

This video made by the Scottish Social Services Council gives an overview of the elements of values-based recruitment, which will help you think through what this means for your organisation.

Here you can find a helpful document developed by Skills for Care about values, and what behaviours are expected of people when they work in social care.

Try this exercise from Skills for Care to learn more about the importance of values and the impact they have on our skills and behaviours, and those of our staff.

Watch this video made by Skills for Care where a provider organisation talks about how they've used values to recruit and retain staff.

Credu and Swansea Local Area Co-ordinators are examples of two organisations that have moved away from the traditional recruitment methods of forms and panel interviews. They use a variety of methods such as:

- role play
- scenario-based questions
- speed 'dating'
- values based discussions.

Better conversations: finding out what matters to people

Having insightful and meaningful conversations with people is central to an outcome-focused approach. While most staff will be having regular, helpful conversations with individuals and families, we can support them to have better conversations.

Better conversations are those that discover what matters most to someone, which is why it's sometimes referred to as a 'what matters' conversation. This kind of conversation tries to help people think through their personal outcomes and the steps needed to achieve them, however straightforward or complex that might be! This section outlines some techniques that can help staff have 'what matters' conversations.

People are all unique, with different life experiences. What's important to one person, may well be very different to what's important to another, which is why we should avoid making assumptions about what we think people want.

Watch this video to hear David describe what really mattered to him and how his worker supported him to achieve his personal outcomes. This is an example of voice and control, which is one of the fundamental principles of the Social Services and Well-being (Wales) Act: putting the individual and their needs at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.

Having the conversation

The most valuable conversations are the ones where people feel really listened to. In being listened to, people often start to make sense of their own situation as they can put time and thought into it. Sometimes we feel the need to rush and fix things that may not be important to the person we're supporting.

Here you can find a PowerPoint presentation about 'how to have a good conversation' that you can use as a staff training session.

Keeping focused on people's strengths is a key part of an outcomes-focused approach. It means asking the right kind of questions and allowing the conversation to flow in a way that helps people:

- engage and explore their hopes and fears before putting a plan in place
- explore the pros and cons of options by thinking and talking
- find their own best course of action
- build on strengths and those of their family and community
- notice achievements and anticipate threats
- take stock
- see hiccups as learning opportunities and not failures.

A skilled conversation allows the individual to consider their situation for themselves and formulate their personal outcomes. There are five suggested stages that can help you have a better, strengths-based conversation:

1. **Open, engaging questions:** Tell me a bit about what's happening? NOT what's the problem and how can I help?
2. **Active listening:** Let people know you are listening and understand by using reflective statements, reframing and summarising

3. **Open, exploratory questions:** What concerns you most? What do you notice when things are a bit better? What would be happening to make you less anxious?
4. **Information exchange – if appropriate:** Would you like me to give you a bit more information? Could I ask you for a little more information?
5. **Summary and actions – home in on key issues:** What are the strengths/skills/motivators you notice? What actions have they decided to take? Empowering summaries

1. Open and engaging questions

Open questions encourage people to speak openly and in more depth about their situation, instead of giving a one-word response. Think of questions that can't be answered with just a "yes" or a "no":

- Would you mind if we talked/had a chat?
- Can you tell me a bit more about what's been happening?

2. Active listening

Active listening takes practice. It means really focusing on what someone is telling you by reflecting back to them what you have heard and asking if you aren't sure. Try to avoid rescuing, telling or doing to rather than with. Be mindful of these conversational traps:

Expert trap – I know best: "Given how tired you are I think you should…"

Power trap – I am the decision maker: "I think you should move to a care home"

Problem solving trap – We can solve your problems: "We should do this" – "I think this may make you feel better…"

Question and answer trap – I ask the questions you answer: "How? What? When? Why? Who? What? Why?

Yes, but trap – I know better: "I see where you are coming from but…"

Labelling trap – we know you: "I can see why you're being verbally aggressive…"

Confrontational trap – You are wrong: "If you carry on like this, the situation is only going to get worse…"

3. Open, exploratory questions

Open, exploratory questions can help people think about their hopes and fears, and the pros and cons of different actions:

- What concerns you most?
- In terms of the bit that concerns you most, what would you like to have happen?
- What would have to be different for that to happen?
- On a scale of 1-10, where are you now?
- What would get you to the next number?
- What strengths do you have that will help you?
- Who else could help you?
- What do you need to do next?

4. Information exchange

Often, we will need to find out information because our organisation needs it. We need to be able to ask for information carefully so that the person we're working with still feels valued. People who access care and support might also want information from us, for example, about how things will work or what happens next. Some useful questions could include:

- Would you like me to give you a bit more information?
- Could I ask you for a little more information?

5. Summary and actions

Summarising what you have talked about helps clarify what you have spoken about and agreed to do. It is useful to work with people to understand what strengths they have and can use to support them with their outcomes.

Strengths mapping

A focused discussion with people about their strengths can often lead to discovering new opportunities and the development or rebuilding of skills and connections. This is sometimes referred to as a 'strengths-mapping exercise'.

Strengths mapping builds a picture of the individual's strengths and of the network/community around them. There are two types of strengths: 'soft' and 'hard', each of which applies to the individual and the community. Some examples are:

'Soft' strengths

- individual
  - Someone's personal qualities, knowledge and skills, relationships and their passions and interests

- community
  - Links with neighbours, community or shared interest groups, community leaders

'Hard' strengths

- individual
  - Someone's health, finances, housing or access to their own transport

- community
  - Health and social care services, leisure, schools and community buildings, public transport

Consider training your staff to identify assets in and around the people they support. It's helpful to have a balanced understanding of the person's situation and to make sure that strengths and needs haven't been over or underestimated. It might be useful to speak with others (with the individual's consent) such as family, neighbours and other professionals – this can really help create a shared sense of purpose that focuses on outcomes agreed with the person.

Balancing risks, rights and responsibilities (positive risk)

> "It's about supporting people to manage risk rather than doing it for them…"
>
> "People are allowed to make unwise decisions…"
>
> "for me positive risk taking is doing all the things that enhance the ability for that person to have control and have a meaningful life."

Workers often face dilemmas trying to balance the wishes of the person they are supporting, their families, organisational policy and the legal framework. Risk assessment is important but should support, and not get in the way of, what matters to the person. Conversations should explore a person's strengths and aspirations, not just the challenges they face. In this context, some risks will be worth taking.

Risk is often seen as something to be avoided, controlled, assessed and defined by professionals or organisations. But risk can be seen as part of everyday life. Weighing up all the options, including the risks of not taking a particular course of action, as well as the risks of taking it, can help people explore what matters to them.

'Risk' is a topic that workers may be familiar with, but most people who use care and support services don't see their lives and the decisions they make in terms of risk. They aren't always concerned about keeping their lives as safe as possible. When asked, many people who are on the cusp of needing support are concerned about the risk of:

- losing their independence
- becoming socially isolated
- not being able to do the things that 'make you tick'
- losing their confidence
- becoming a 'burden' to family
- having to leave their home.

Scottish Social Services Council has developed a video resource called *What is a risk worth taking?* to help workers consider risk using scenarios that can be viewed and then discussed as a group or on your own for self-reflection and learning.

We published a research report that explored how to balance risks, rights and responsibilities when working with individuals and families in Wales.

One of the main messages from the report is that an outcomes approach is underpinned by the principle of enabling people to participate as fully as they can in making decisions. Sometimes finding out what matters to people means supporting them to take positive risks. This means that decisions about risk need to be:

Balanced: Recognise the benefits, as well as the risk of harm. Consider the possible impact of each option: emotional, psychological, physical and social

Defensible: Keep clear records that show our work is led by the individual, not by the need to protect ourselves first: defensible not defensive

Collaborative: Work with individuals, their families and other professionals/agencies, using all available resources to achieve the outcomes that matter most to people

People want to live the life that matters to them. We know that risk averse practice, attitudes, systems and culture often restrict a person's quality of life. So, what gets in the way of us taking a positive view of risk and balancing rights and responsibilities, and how can we help workers make the shift?

1. **If…** there's a blame culture, we don't trust workers' judgements and expect things to go wrong

   Try… developing a learning culture – we learn from mistakes, trust people, celebrate successes and look for strengths

   Use supervision as a forum for learning from mistakes constructively. Take time in team meetings to share success stories and compliments from families. As leaders, role model that we believe in a balanced view.

2. **If…** you and your team lack time to invest in finding out what matters to people, and base your input in what you think is best

   Try… to see the time it takes to have open conversations with people, families and other professionals as an investment; and share decision-making

   Invest in building staff's confidence and conversational skills. Help staff know that they are a resource themselves, often the best resource we can offer to people.

3. **If…** you or your team aren't sure about the law, which actually requires a positive risk-taking approach

   Try… to develop your understanding about using a rights-based approach – focusing on promoting personal autonomy rather than eliminating all risks

   Have posters and information in the workplace that show the basic steps. Use induction and team meetings to discuss the practice principles (see below).

4. **If…** you take a 'just in case' and defensive approach to decision-making – the main focus is on reducing the risk of 'getting it wrong'

   Try… supporting people to make decisions and build their resilience and capacity for finding creative solutions – envisioning what can go right

   Accept that people usually do not need workers to make decisions for them. Use supervision to have outcome-focused, strengths-based conversations about people, re-visiting safety plans to think about 'whose risk is it?'

Barriers	Enablers	Helping workers make the shift
A blame culture – we don't trust workers' judgements and expect things to go wrong.	A learning culture – we learn from mistakes, trust people, celebrate successes and look for strengths.	Use supervision as a forum for learning from mistakes constructively. Take time in team meetings to share success stories and compliments from families. As leaders, role model that we believe in a balanced view.

Barriers	Enablers	Helping workers make the shift
A lack of time to invest in finding out what matters to people, instead our input is based on what we think is best.	Taking time to have open conversations with people, families and other professionals, and share decision-making.	Invest in building staff's confidence and abilities in their conversational skills. Help staff know that they are a resource themselves, often the best resource we can offer to people.
A lack of understanding of the law, which actually requires a positive risk-taking approach.	Understanding and using a rights-based approach – focusing on promoting personal autonomy rather than eliminating all risks.	Have posters and information in the workplace that show the basic steps. Use induction and team meetings to discuss the practice principles (see below).
Taking a 'just in case' and defensive approach to decision-making – the main focus is on reducing the risk of 'getting it wrong'.	Supporting people to make decisions and build their resilience and capacity for finding creative solutions – envisioning what can go right.	Accepting that people usually do not need workers to make decisions for them. Use supervision to have outcome-focused, strengths-based conversations about people, re-visiting safety plans to think about 'whose risk is it?'

You can find a short [PowerPoint presentation here](#) to use with workers to help think about balancing risks, rights and responsibilities.

Practice principles – balancing risks, rights and responsibilities for adults: a positive approach to risk

We commissioned a piece of work to co-produce practice principles for balancing risks, rights and responsibilities in adult services. The principles set out how social care practitioners can take a positive and shared approach to making decisions about risk. They are summarised on the next page.

Here you can find a full explanation of the practice principles, with examples of how they might be applied in practice.

1. Decision-making should begin and end with what matters to the person.

2. Successful decision-making results from good two-way communication as equal partners ('co-production').

3. People's lives should not be limited by practitioners' values, prejudices, or unconscious bias (for example, based on gender, sexual orientation, religion and so on), or by organisational systems.

4. People should be given enough information about the decision they are making and enough time to choose what is right for them.

5. A balanced approach considers the risks of not taking a particular course of action, as well as the risks of taking it, and the possible impact on a person's emotional, psychological and social well-being, as well as the risks of physical harm.

6. The hopes and worries of the person, the people they want to be involved (such as family, friends and so on), and other practitioners should be heard, while remembering that the person's wishes are paramount.

7. People have the right to make their own decisions, even where others might consider them 'unwise': practitioners should not use their power to stop them or talk them out of their decision.

8. A person's circumstances, their preferences or their capacity to make a decision can change over time – and they may change their mind.

9. The person, those they want to involve, and any relevant practitioners should work together to plan next steps.

10. If it is genuinely not possible for a person to achieve their goals and aspirations in the near future, think creatively about the steps that can bring them closer to achieving them.

11. People should be supported to make longer term plans and decisions (or agreements about how decisions will be made) if their capacity declines.

12. Leaders and managers are responsible for creating a workplace culture and processes to support balanced risk assessments.

Recording outcomes

Recording what matters to the person is the bridge between the conversations about 'what matters' and the actions to be taken. It lets those involved in a person's care and support understand what the person's personal outcomes are, and to see if they're being achieved.

It's important that we record effectively because social care recording has a direct impact on people's lives.

The Welsh Government has produced guidance on the recording and measuring of outcomes, which you can read here.

You can find a PowerPoint training presentation here, which will give your staff a clear summary of what to consider when recording outcomes.

How to record outcomes and progress

We've developed 12 principles for recording personal outcomes, which are part of a resource that we will publish soon.

12 principles for effective personal outcomes-focused recording

Make recording personal and accessible:

- Record personal not standardised or organisational outcomes
- Recognise and record the different types of outcomes that matter to people
- Build on people's strengths and identify priority risks
- Make it clear and concise – use plain language

Make recording analytical:

- Make recording accurate – distinguish between fact and opinion
- Make recording co-productive – allow for and include differences of opinion
- Record the why, not just what and how – and show the link to decision making
- Record the learning from reflecting on outcomes at review

Make recording 'live' and joined up across organisations:

- Make recording responsive to a person's journey – capture their story
- Join up personal outcomes recording across organisations

Make recording inclusive:

- Make recording personal for people with communication difficulties
- Make recording personal for people towards the end of life

Outcome-focused supervision

Supervision is an accountable, two-way process where a supervisor meets regularly with their supervisee to support and develop practice. It provides the opportunity to reflect, to receive feedback, guidance and support, as well as identify and respond to areas for personal development. We have written a detailed guide about what supervision and appraisal is.

Supervision can take many forms. We might traditionally think of supervision as a one-to-one meeting in an office, but it can also be useful for the supervisor to go to the social care worker and see them closer to their work setting. Group supervision can also be useful to encourage reflection and shared learning, for example, discussions around balancing risks or professional boundaries.

The main purposes of supervision are:

- for discussion and reflection
- to develop skills and knowledge
- for emotional support and to help build trusting working relationships
- to make sure the organisation's and the regulator's standards are met
- to strengthen links between the worker and the organisation.

The main benefits of supervision are:

- increased job satisfaction
- increased commitment to the organisation
- retaining staff for longer
- fewer complaints from people who use services
- more positive feedback from people who use services.

The Code of Professional Practice for Social Care tells social care workers "you must be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills". The Code tells managers they're required to provide "supervision and appraisal to support and motivate staff to meet their role, responsibilities and accountabilities". The quality and 'feel' of supervision is shaped and influenced by workplace culture. Staff can have a negative perception of supervision if they associate it with fear and blame.

Good supervision is a safe space that offers protected time for thinking, talking and reflection. If we want staff to work in an outcome-focused way with people, they need to see this demonstrated and reinforced during the supervision process. In the same way that staff work with people to identify their strengths and outcomes, outcome-focused supervision mirrors this with supervisors focusing and building on strengths and skills with the people they are supervising. This includes encouraging social care workers to reflect on their practice and think about how they can take responsibility for their own professional development. We have developed resources to support social care managers and workers to think about and structure their continuing professional development.

The building blocks of outcome-focused supervision

Two-way approach: supervisor and supervisee prepare for supervision, build the agenda, explore and reflect together and jointly agree actions.

Role modelling: interact with your supervisee in the way that you want them to interact with people: recognising their strengths and resources.

'What matters' conversations: find out what matters to them – use open questions and encouraging words, actively listen, reflect and summarise.

Protected thinking time: people need time and space to think about how they can best work with, and not do for, people. Don't rush in with answers – allow time and support your supervisee to explore and find their own solutions.

Reflective discussion: support your supervisee to see how the people they work with might view their care and support. What has worked best to help people achieve their outcomes? What could be done differently?

Future focus: support your supervisee to describe the person's outcomes, goals and hopes for the future. Help them form a clear picture of the steps required and the resources needed to achieve those outcomes. What are the supervisee's outcomes and hopes for their future? How will they get there?

An outcome-focused supervision session is an opportunity for a structured conversation and usually includes:

- welcome
- supervisee well-being check/discussion
- learning and development opportunities
- updates from previous supervision
- reflective discussions about care and support provided to people
- agreeing actions
- agenda for next session.

Resources to support supervision

Here are some questions to help supervisees think and reflect during supervision.

There are times when you will need to have difficult conversations as part of the supervision session. You can find a guide here, which includes the 'DESC' model – Describe, Explain, Specify, Consequences.

This website contains resources for supervision.

Supporting staff to learn together

It is important for staff to share 'what works', to learn from each other's experiences, and to feel supported and encouraged to celebrate achievements when fostering an outcomes-based approach. This may mean staff getting creative to identify what matters most to the people they support. People often engage best with ideas when they are communicated through stories, and when people talk and think together about their work, they generally learn more effectively than they do alone.

Listening to staff experiences, and sharing what works is often the first step to celebrating success and promoting effective outcomes-based working.

Try using these videos to promote discussions about how these care workers' experiences made a difference to the lives of the people they support:

- in Steve's Story, Steve describes how taking the time to build a relationship meant the person was able to manage his anxiety, and go out and have a haircut
- In Kelly's Story, Kelly describes how she was able to support a grandmother to achieve her personal outcome – going to the shops to buy Christmas gifts for each of her grandchildren.

Here are example questions you might use to help people discuss the videos together and think about:

- What are the important values or themes in this story?
- Do you feel comfortable with the story or does it raise concerns for you? If so, why?
- Were there any risks associated with this story, and if so, do you think they were worth taking?
- Does anyone have any similar or contrasting stories from their own practice?
- What are the implications of this story for the way we work?
- What are the implications of this story for managers?

Learning from experiences

The Developing Evidence Enriched Practice programme (DEEP) has gathered a variety of 'Magic Moments' stories about how care workers have gone the extra mile to discover what matters most to the people in their care.

For example, here's a story about a care manager who went the extra mile to make sure a lady in her care achieved a successful personal outcome:

> **May** – May's bath time was always a trigger for staff anxiety. May was labelled as "aggressive during personal care tasks". Staff would swap shifts rather than be on shift for her bath time. May was always blissfully unaware that her bath time was looming but could feel the tension building, too. As two members of staff approached, she would become anxious and fearful. "It's time for your bath May," a member of staff would say standing over her. Realising that this cycle needed to be broken, the manager introduced a doll to May. May held him closely, told staff that the doll was a boy, and accepted bath time holding her baby. She bathed him as staff bathed her. Her son told us: "That must have been how she bathed me". May showed no agitation again and "aggressive during personal care task" was removed from her care plan.

You can find 50 'Magic Moments' stories and suggested group learning exercises here. They show a variety of ways in which we can learn to adapt the environment and the way we work to help people achieve their outcomes.

Reflection

Download these reflection cards as part of your supervision and encourage staff members to take a card and discuss how the situation relates to an experience they have encountered. Use this opportunity to discuss what could be done differently in their example to instigate change and promote positive personal outcomes.

You can download the Reflection Cards at: Reflection Cards

One of the best ways for stories to support learning and development is to share and explore them in a small group. People can talk about and reflect on some of the values, issues and ideas that are contained in the stories. By doing this, people begin to shape and develop their own thinking and the thinking of others – new ideas and possibilities emerge as a result. This kind of conversation has been developed by DEEP and is called 'Exploratory Talk' – you can read about how to run your own 'Exploratory Talk' session on page 21 of the Magic Moments booklet.

Debrief or Tea-brief?

Encouraging staff to take time out to talk and reflect upon incidents is an important part of learning. The Tea-Brief concept, developed by the Telford Centre, encourages supervisors and managers to support staff to take time to have a cup of tea (or coffee!) and talk about experiences they have encountered in their role. These discussions are an opportunity to not only process difficult situations, but to celebrate successes and share them with other members of staff.

You can read more about the Tea-Brief at: The Tea-Brief

Promoting good practice

A storyboard workshop to showcase ideas for achieving successful personal outcomes could be an effective activity to promote good practice. The Coastal Housing Group changed the way they work with young people and showcased what great work their staff did in the storyboard below. You can find more information about the use of storyboards here.

Maintaining the momentum

Once you start having outcomes-focused training and conversations with your staff, it's important to keep the momentum going by continuing to embed it into practice and celebrate achievements. Think about ways of keeping the momentum going and consider:

- an outcomes champion network – nominate a member of staff to be the 'outcomes champion' for your organisation and encourage them to work collaboratively with other organisations who may be on the same journey
- monthly 'share and tell' sessions during team meetings – ask staff to take turns each month to highlight an example of where they've used an outcome-focused approach and the impact of this on themselves and the person they care for
- games and events – create quizzes, pairing cards and other activities to make sure an outcome-focused approach becomes a topical, alive and interesting part of ongoing training.

Making the most of the resource:

Quick wins

This resource has been put together with the aim of supporting people who lead and influence practice in home care.

All registered social care workers need to meet their continuous professional development (CPD) requirements to make sure they continue to be suitable to be registered with us. You can find more information about what counts as CPD on our website.

> Section 6 of the *Code of Professional Practice for Social Care* requires you to: "be accountable for the quality of your work and take responsibility for maintaining and developing knowledge and skills… this includes undertaking relevant learning and development to maintain and improve your knowledge and skills to ensure you are fit to practise…"

Continuous professional development isn't just about sending staff on training courses – there are lots of ways to learn and develop as a social care professional including study, reading, teaching and other activities. Using this resource can contribute to you or your staff meeting CPD requirements.

An activity from this resource can be carried out in a team meeting or in supervision, and the learning reflected on and recorded in the CPD log.

Appendix 1

Analysis of workplace culture recording template

Area of analysis	What's your analysis shown about your workplace culture?	What impact does this have on your workplace culture? Negative or positive?
Values: we all we all know and share our organisational values	Example: We don't yet have our organisational values agreed and written anywhere	Prospective and current staff don't know what our values are. This can be negative because it's not clear.
Identity: our messaging is consistent – our staff and the public understand what our organisation is all about and the approach we take		
Outcomes: people achieving what matters most to them, in their own way, is of central importance to us		
Strengths: we find out, and work to the strengths of the people who use our services		
Community: we know our local community and its resources and connect people wherever we can		
Learning and change: supporting staff to learn and develop their conversational and other skills is important to us		
Co-production: we involve staff, people who use our services and their families, in how we design and evaluate our services		
Communication: it's two-way – we tell our staff what is going on and listen to their perspective, everyone's opinion is valuable		

Action plan

Areas for development	Action required	Whose job?	By when	Outcomes for your service	Evidence of outcome
Values:	Example: workshop to discuss and draft our organisational values to be arranged	Jane	31st March	People will be clear what values are important to our service, which will give us a sense of shared identity.	People who use our services and staff will be able to see and explain what our values are (supervision/ feedback/etc.)
Identity:					
Outcomes:					
Strengths:					
Community:					
Learning and change:					
Co-production:					
Communication:					

Review

Areas for development	Action required	Whose job?	Status: red/ amber/green	Progress made	Comments/ future activity
Values:	Draft values statement to be circulated and agreed	Jane	Amber	Workshop has taken place and a draft agreed. All staff will be invited to comment on draft.	Positive workshop Meeting to finalise value statement after feedback planned for 10 May.
Identity:					
Outcomes:					
Strengths:					
Community:					
Learning and change:					
Co-production:					
Communication:					

Return to the main resource.

Questions for supervision

Exploring the individual's story:

- How would you describe 'individual/carer'? Tell me about 'individual/carer'.
- Was there a time when 'individual/carer' was able to manage better? What helped? What resources did 'individual/carer' use?
- In what ways are you making sure 'individual/carer' spiritual, cultural and identity needs are being considered

Outcomes and Aspirations:

- What would 'individual/carer' say are their best hopes for the future?
- What would 'individual/carer' like to do or achieve?
- What specific changes would 'individual/carer' like to see in their situation?

Communication and engagement:

- How did you go about engaging with 'individual/carer'?
- How did you ensure 'individual/carer' was as involved as much as possible in the discussion?
- Would you say you have a clear understanding of 'individual/carer' point of view about their life and how they would like it to be?

Concerns and risks:

- Describe 'individual/carer' environment – are there environmental issues that are impacting on them?
- What concerns do you have ab out the situation? What is the 'individual/carer' most worried about?
- What makes this situation challenging?
- What's the worst that might happen if nothing changes?
- What will the family/network do if things go wrong?

Planning:

- Does the plan cover all the things 'individual/carer' is worried about? And all the things that concern other people, including you?
- How have 'individual/carer' hopes/desires/outcomes been addressed?
- How does 'individual/carer' think they can improve the situation?

Focusing on the supervisees practice:

- Thinking about this piece of work, what are you most satisfied with?
- What has gone really well?
- What might you do differently next time?
- What would 'individual/carer' say was the most useful/supportive action that you took to help them?
- What did you do to help 'individual/carer' have more control/choice in their life?
- How did you support 'individual/carer' to become aware of their resources and strengths?
- What have you learned from working with this individual/family?

[Return](#) **to the main resource.**