



Evidence and
Implementation
Summit 2023
9-11 October

Melbourne, Australia & Online



Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



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#339 - Whose outcomes? Evidence from implementing a personal outcomes approach and quality of life/wellbeing impact

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Objectives/aims

A personal outcomes approach defines common purpose in interactions with people using human services. It requires that the views of the person/family about what would improve their life are included in decision-making. Our evidence shows that this way of working improves quality of life and wellbeing outcomes and supports more effective use of resources and services. The requisite skills often align with professional values (and outcomes) but are often inadequately supported by the systems in which they work. Focusing on personal outcomes involves having a different kind of conversation with people, as one practitioner commented “this represents a shift from processing people to engaging with them.” We have also found that this requires additional support to recording in ways that value what matters to people, in addition to what matters to systems (organizational or strategic outcomes). Therefore the approach involves taking a whole system approach which works with organisations, not just individual practitioners.

This presentation will present learning from over twenty years of embedding an evidence-based outcomes approach underpinned by the exchange model of assessment. This involves bringing together the perspectives and strengths of the supported person, family, practitioner and organisation. It will reveal valuable learning about what gets in the way, and what helps, in promoting outcomes for people, including in multi-disciplinary settings.

Methods

The presentation is based on a longstanding body of research and knowledge exchange, based in Scotland, linking to parallel bodies of work in Wales, Sweden

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and Canada. The central focus is re-orientation of assessment and support planning with people who use services and caregivers to focus on personal outcomes, or the goals that they value.

Supported people and carers were integrally involved in the initial research undertaken at the University of Glasgow, which involved focus groups and 230 interviews with people using services to identify the outcomes important to adults using learning disability, mental health and older people's services. Subsequent research, knowledge exchange and implementation work, has been led mainly from the University of Strathclyde, in association with colleagues from the University of Swansea in Wales, with whom we have collaborated on the DEEP approach to Developing (and embedding) Evidence Enriched Practice. The methods prioritise use of story and dialogue in engaging with multiple stakeholders to define common purpose in implementation. As well as continuing to engage supported people and families in defining priorities for the work, we have also undertaken extensive research and knowledge exchange with practitioners, managers and policy makers in multiple settings. This work has generated a great deal of mainly qualitative evidence and diverse publications in high ranking peer reviewed journals, as well as policy documents, manuals and multi-media resources for practitioners and organisations, with the latter being freely available.

Main findings

This work has surfaced barriers to developing the skills involved in meaningfully and effectively engaging people in decision-making, and strategies for enabling those conversations to take place. We have found that this can involve reconciling factors that are important to the person, with may or may not easily align with goals that are necessary for their health and wellbeing. A key finding has been that the conversation itself can already improve outcomes for people, as discussed in our most recent publication (in press, International Journal of Care and Caring). The workshop will explore a substantial body of learning about effective implementation of this way of working, which requires a systemic approach with implications for how staff are supported and supervised.. As well as sharing examples of the difference made when working in this way, barriers and strategies for implementation will also be explored.

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