

## Person Centered Outcomes

### Services are not outcomes!

- ▶ NOT AN OUTCOME:
  - Rae attends the day program.
  - Rae attends the workshop
  - Rae goes to physical therapy.
  - Carl participates in community habilitation
  - Molly receives supported living services

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*"Aspirations describe what someone wants their life to be in the long term. . . Outcomes describe the specific things that the person will do over a 2-3 year period to help them achieve their long term aspirations."*

**Helen Sanderson**

## A Good Outcome

A good outcome is:

- Building on something that is working well
- Changing something that doesn't work well
- Addressing needs
- Moving the person towards their future aspirations

If the outcome being considered doesn't address any of these issues, then it probably isn't an outcome. A person-centered outcome can be described as:

- Being expressed from a personal perspective, not a service perspective
- Within the control and influence of the person and/or those involved

Excerpt from  
*All About Outcomes*  
By Helen Sanderson

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# Writing Person Centered Outcomes\*

## Outcome Development

### Outcomes describe

- ▶ what the person aims to do or hopes to accomplish by implementing different practices.
- ▶ The ultimate results, or impact, of activities
- ▶ Changes the person or their team would like to achieve

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## Person Centered Planning:

Person centered planning focuses on helping people have positive control in their lives by supporting a balance between what is important to someone and what is important for someone. Some areas planning might include:

- Having a home of your own
- Having a job where you earn at least minimum wage
- Visiting family
- Making Friends
- Dating/Going on a date
- Directing your own medical care

## Defining outcomes:

An outcome statement identifies how a person's life will be different when the plan is successful.

Outcomes describe:

- The ultimate results or impact of activities.
- Changes a person or their team/family would like to achieve.
- What a person aims to do or hopes to accomplish by implementing different practices.

In order for a plan to be successful, the team has to know what the person being supported wants to accomplish. Staff need to understand what is being worked towards in order to better support the person. When the team and person identifies the outcome, it creates a shared vision for the future.

Here are some questions that you can ask to help the team get clear understanding regarding the desired outcome:

- What meaningful change do you expect will happen in the person's life, as a result, of this plan?
- How will the person's life be different/better, as a result, of this plan?
- What do you hope to see when this plan is completed?
- Think about the issues at hand and imagine, "life is good", what does it look like?

## Continued on page 3

\*Compiled, written and edited by Rachel Newkirk and Marlene McCollum. Information contained in this handout is based on ideas and concepts developed by The Learning Community and Choice Powers Change Consulting. If this material is duplicated, please credit The Learning Community and Choice Powers Change Consulting appropriately.

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## Balancing Important to/Important For:

Outcomes start with a well-developed understanding of what is important to and for a person.

Before writing an outcome statement ask yourself:

- What needs to change/what needs to stay the same.
- How does this relate to what is important to a person and what is important for a person, keeping in mind most of us are motivated to make change when something really matters to us, or is important to us. It is harder make changes when something that is important for us is not linked to something that is important to us.

## Writing Person Centered Outcomes:

Outcomes are specific, identify what you want to achieve in the future and who will be impacted.

Statements should be clear, results oriented and action oriented.

Outcomes are written in present tense and only use 1<sup>st</sup> person when you are using a direct quote. Some tips include:

- Link what is important to a person with what is important for a person
- Begin with the aim of the outcome. Use the person's name followed by an action verb.
- If it is helpful, complete the statement with how it will make a difference using so that/in order to.

### For example:

Important to Marlene: Being out and about with friends, going new places and cooking meals to share with others.

Important for Marlene: Losing weight, managing thyroid and blood pressure.

**Outcome Statement:** Marlene takes a cooking class at the CARD Center so that she meets new people and learns how to cook healthy meals that support weight loss.

More examples of outcome statements include:

- Liz saves money so that she may buy cigarettes, soda and other things she wants.
- Leilani hires her own staff to help in her upstairs apartment, so that she can feel safe and supported in her home with her cat Penny.
- Justin takes welding classes at Napa Community College so that he receives a certificate and eventually works in that field.
- Timmy takes archery lessons and will apply for membership into the Paradise Bow Hunters Archery Club.

## Writing the Action Plan:

The Action plan describes the measurable steps that will be taken to meet specific outcomes. They tell how often a step will occur or when a step needs to be completed. Action plans also indicate who is responsible (by role) to make sure that each step happens as agreed upon by the ISP team. In short, action plans are where we document our commitment to helping the person resolve or improve a specific situation in their life.

- The Action Plan identifies steps to help a person achieve their desired outcome.
- They define what will happen to impact positive change in the person's life.
- Action steps address identified barriers and/or risks that may be getting in the way of people having a reasonable balance of what is important to and for them.
- Considers the things that the team/family does for a person that they might learn to do for themselves, or with less help.
- When applicable, includes websites, addresses, phone numbers and other similar information.

## For Example:

**Outcome Statement:** Marlene takes a cooking class at the CARD Center so that she meets new people and learns how to cook healthy meals that support weight loss.

Marlene's part will be:

- 1) Marlene looks at the CARD Cooking Calendar and chooses two classes of interest and signs up online to attend.
- 2) Marlene budgets funds for two classes, plus the class fee which is paid when the class takes place. Classes cost \$25.00 and the class fee ranges between \$25.00-\$35.00 per class.
- 3) Marlene writes the Cooking Classes on her calendar to help her remember when they take place.

What Marlene wants from her Circle of Support:

- 1) Marlene's family has agreed to come over for dinner after her classes to try out the new meals.
- 2) Marlene's sister checks in with Marlene regularly about her health and gives encouragement. She problem solves with Marlene and reminds her about the importance of seeing her doctor regularly. Occasionally, when asked, she will go to an appointment with Marlene as support.
- 3) While Marlene loves her mother and sees her regularly, Marlene does not talk with her mother about her health. No one should contact Marilyn to discuss Marlene's health.

## Traditional Outcomes (Red) vs. Quality of Life Outcomes

- ▶ **Rae will exercise three times a week with verbal prompts for 6 consecutive months by 12/01.** Rae participates in dance aerobics so that she meets new friends and stays fit.
- ▶ **Rae will participate in 1 social/recreational outing a week with staff supervision until 12/01.** Rae takes a class at the Community College so that she is out and about with people and learns how to cook tasty meals that meet diabetic guidelines

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## Excerpts from

# How can I make sure we have person-centred outcomes for people?

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## Step 1 - Checking that we know what matters to people

Before we can think about outcomes, we need to make sure we know and have recorded what matters to the person. This means we can make sure that when we develop outcomes with the person, they will be meaningful to them. One way of capturing this is through a one-page profile.

## Step 2 - Where are we now?

It is really important that we understand the person's specific situation right now, comparing it with the life they have described in their one-page profile and truly understanding from their perspective what the issues are that they may want to address, rather than what we think they should address. One way of doing this is to use the person-centred thinking tool working/not working from different perspectives (e.g., individual, service provider). This can help to identify issues that the person wants to address, as well as issues that others feel should be addressed.

## Step 3 - Prioritising

Having identified the issues that the person would like to address, they can be prioritised by mutual agreement.

## Step 4 - What would success look like?

For each of the issues the person has prioritised, we can start developing outcomes by identifying what success would look like if each of the issues were addressed successfully. This gives us the basis of the outcome.

## Step 5 - Test it

There are some simple questions you can ask to test the outcome. Sometimes, outcomes have solutions embedded in them, and asking questions like 'What would it give you, do for you or make possible for you if you had that outcome?' can help to uncover the true outcome. Exploring what is truly important to the person specifically regarding the issue can also be useful. This can help us to develop the outcome further to be more specific.

## Step 6 - What is getting in the way?

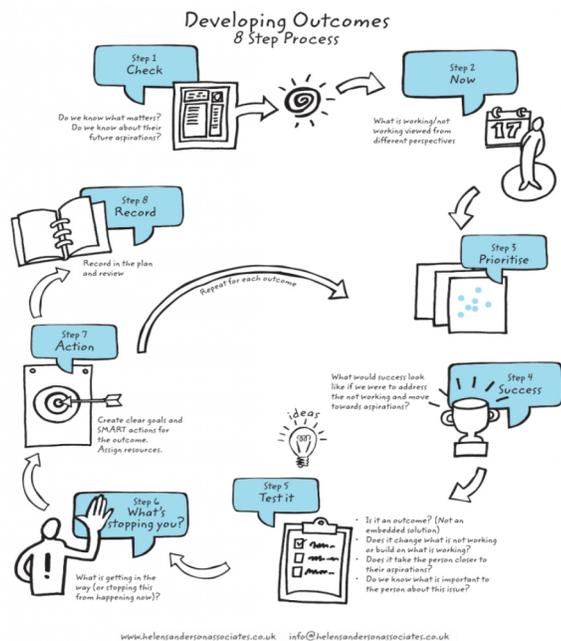
Having identified what the person wants to achieve, we then need to identify the obstacles that may be getting in the way of achieving it.

## Step 7 - Creating clear goals/steps and actions

Having identified what is getting in the way of achieving the outcomes, the person can then set goals or steps to address these obstacles and move forward with their outcomes. They will need to be SMART, and they may need resources to be assigned to ensure that they happen.

## Step 8 - Record in the plan

The outcomes and the steps and support needed to achieve them can then be recorded in the plan. We should also record how the outcomes will be reviewed.



### 5 Questions that help us know if an Outcome/Action Step is Person Centered and meets regulatory requirements?

- ▶ When looking at an outcome, can we identify what is Important To the person?
- ▶ Are Outcomes related to health/safety (Important For) addressed within the context of what is Important To the person?
- ▶ Will the action steps help the person achieve their desired outcomes?
- ▶ Can you measure if the outcome is present in the person's life? Identify how.
- ▶ What supports/services are needed to help the person achieve this outcome?

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