

Meaningful & Measurable

A Collaborative Action Research Project

Developing Approaches to the Analysis & Use of Personal Outcomes Data

RECORDING OUTCOMES IN SUPPORT PLANNING & REVIEW

PRACTICAL EXAMPLES

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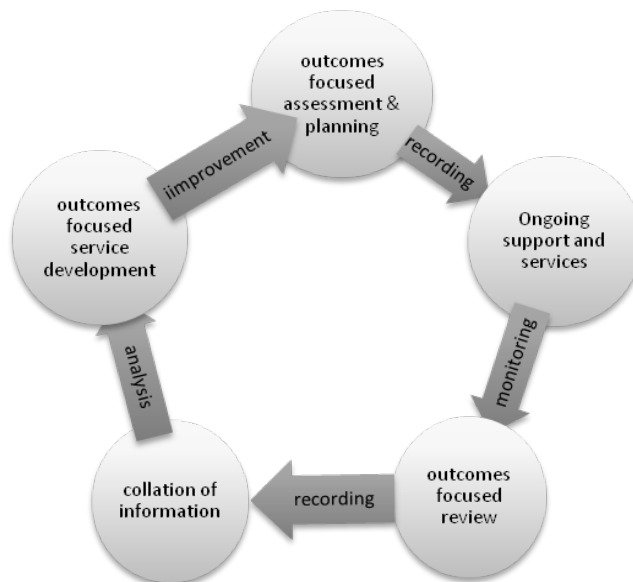


Recording outcomes in support planning and review: practical examples

PART ONE: Background and introduction

The purpose of this guide is to support the embedding of personal outcomes in practice through providing examples of recorded outcomes from diverse service settings. This guide is one of a series produced as part of a long-term collaboration between academic researchers, diverse practice partners and the Joint Improvement Team to develop the Talking Points personal outcomes approach <http://personaloutcomescollaboration.org/>. This is an organisational approach to embedding the outcomes important to people who use services. It is understood as comprising three key components; outcomes focused engagement with a focus on assessment, planning and review, recording outcomes and use of personal outcomes information.

Figure 1 (Cook and Miller 2012)



The guide follows from an earlier version, (Miller and Cook 2012) prompted by learning from the one year Meaningful and Measurable project which involved 3 universities, 8 practice partners and diverse national stakeholders (link in references). This project was designed to tackle longstanding thorny issues emerging from interactions between research, policy and practice around outcomes, including different expectations of data, and associated recording. In the earlier guide, we highlighted work by Liz O'Rourke (2010) describing the challenges faced by practitioners trying to reconcile diverse demands of the record, including the type of value demands at the heart of an outcomes approach, such as working in partnership with individuals and families; functional demands such as managing gatekeeping processes and providing a justification of service; and accountability demands such as management information and concern about the potential for legal challenge.

Learning from the Meaningful and Measurable project

As stated above, a key focus of this action research project was to progress the use of personal outcomes data, which project partners were already collecting for a range of purposes. Recording of personal outcomes data can inform both individual and collective decision making, and the project was responding to growing interest in understanding how combinations of

quantitative (scale measure) and qualitative (narrative) data can inform a range of organisational requirements, including:

- Individual support planning
- Practice development, service improvement and redesign
- Service planning and commissioning
- Using more personalised methods to measure outcomes to gauge performance

Scale measure and narrative data

It is important to acknowledge that recording tools, formats and levels of detail vary considerably across services. The key variables of interest in the Meaningful and Measurable project were the use of scale measures and narrative recording. Many services have developed support plans and reviews that collect both types of information about outcomes, as was the case with five of the eight project partners. The narrative provides details of the outcome from the individual perspective. For current purposes it is the narrative data which is of interest.

Conflicting demands on recording

Although project partners were at different stages of embedding outcomes, all were supporting outcomes focused conversational approaches to assessment and planning with the expectation that some outcomes narrative would be recorded for each individual. An early knowledge exchange event with wider stakeholders included discussion around recording, with one participant identifying the kind of demands previously noted by O'Rourke (2010) although firmly located in the current context in Scotland:

Well, you're really thinking about multiple audiences, but primarily the outcomes have to make sense to the person who's using the services. But... there are challenges around writing for multiple audiences, which we need to acknowledge. That practitioners are recording for the person, for their managers, for colleagues in other sectors increasingly with integration, and also the scrutiny bodies in mind. And that puts a lot of pressure on practitioners to get the information right. And we need to remember that (KE participant)

At the first data retreat for the project, practice and academic partners came together. Several partners identified that they had already looked at the outcomes data in their IT systems, and that it was not what they expected in a range of ways:

- Although there were many examples of personal outcomes being recorded in the narrative, the quality was still uneven between practitioners and teams
- Outcomes data was recorded in diverse locations, including formal tools, case notes, referral documents and associated measurement tools
- Most (though not all) partners reported that the more useful and outcomes focused data tended to be recorded outside of formal documentation such as support plans, presenting significant challenges for data collation

From an early stage in the project therefore, it became clear that even where practice partners had made significant investment in supporting outcomes focused conversational practice, the recording of outcomes required attention in its own right:

You know, the assumption we made that outcome-focused conversations will flow through to the outcomes record was wrong for us (practice partner, MM)

It was agreed at this first data retreat that examining the records in detail had exposed a range of existing tensions running through recording. The suggestion was made that through the detailed focus of the project 'had lifted a rock' on recording and that a lot of small bugs which had been hiding in the recording system for a long time had now been exposed to the light!

Figure 2: Lifting The Rock



Most partners turned their attention in phase one of their action research projects to a more detailed investigation of recorded outcomes data, with several also deciding to include interviews and/or focus groups with practitioners, to investigate priorities and barriers associated with recording, from a frontline perspective.

Making the case for recording outcomes

At a subsequent data retreat several project partners had engaged with practitioners to explore their approach towards outcomes, including their views on recording. This research largely confirmed that practitioners were having conversations about outcomes, but that they were identifying diverse challenges with translating the conversations into documentation and particularly IT systems. Project partners worked together to reconsider the role of recording, with consensus around the need to elevate the status of recording and recognise its value. This included the importance of recording in general as well as of recording outcomes specifically.

Why is recording in human services important?

- Tells the individual's story, making sense of available information, to inform decision making
- Provides an account which the person/family can own/reflect on
- A clear plan provides a sense of direction for the practitioner and the agency which can be referred back to if the journey gets complicated
- Provides a record which can be shared and clarifies the plan between agencies
- Provides evidence of discussions and activity, supporting accountability
- Informs decision making at both the individual and organisational level

Why does recording personal outcomes matter

- Should clearly distinguish between outcomes and outputs, representing a shift away from service led recording
- Gets beyond the what to the why, thus providing clarity of purpose
- Should involve the person, natural supports and community based considerations, including the contribution they want to play towards the intended outcomes, reflective of an enabling and inclusive approach

- Given that the person should be involved as far as possible in identifying their outcomes, it provides an account in which the person is recognisable to themselves/their family
- In a period of organisational transition (from needs led to outcomes focused assessment), the record provides a means of identifying where practitioners are in their understanding of outcomes, helping to pinpoint support needs

Why does recording personal outcomes at review matter?

- Review is essential to monitor progress against the outcomes identified by the person and requires a shift away from a task and time focus (output)
- Reviewing progress with outcomes helps to determine whether the plan is effective or whether change is required
- Allows for the role of the person/family to be acknowledged, rather than being restricted to the achievements of services
- In relevant circumstances needs to capture not just improvements, but also where maintenance or slowing the rate of deterioration represent achievements
- Reviewing outcomes supports learning and understanding about what works for whom in what circumstances

The core criteria for good recording of narrative outcomes data were agreed as follows:

Figure 3: Core criteria for good outcomes records

Distinction between outcomes and outputs	x
The outcome is personalised	x
The person/family has a role	x
Uses person's own language as appropriate	x
Action oriented (usually)	x

To provide illustrations of how the criteria relate to recording, the first two examples below are followed by tables which pull out details of each record, as they apply to the criteria.

PART TWO: Examples of recording outcomes

The examples of recording in this document were gathered by various organisations, most of whom were participants in the Meaningful and Measurable project. All the examples have been amended to preserve anonymity, to ensure that diverse ages and circumstances are represented, and in some cases to illustrate recording dilemmas. In each case, the criteria identified in figure 3 have been met. Examples are based on a single point in time, while others include tracking of outcomes at two points in time. Some examples refer to just one outcome while others include several. The last 3 examples are fictitious and are included to address gaps in the other examples. It is important to acknowledge that the examples tend to reflect positive outcomes.

None of these are full support plans or reviews. They are just sections to provide examples.

1) STIRLING REABLEMENT SERVICE

(This shows one recorded outcome from a weekly reablement review tool, including the recommended action to work towards the outcome. The remainder of the recording from the final review at a later date illustrates the range of outcomes from this one action)

Myra was referred to reablement while in hospital recovering from a fractured femur incurred as a result of a fall in the street. By the time the reablement team visited Myra at home she was managing reasonably well in the kitchen but still needed help to improve her confidence with some cooking tasks. Myra's main concern was to be able to get back to Dobbie's garden centre where she was previously in a routine of meeting her friends every week. In this case, over the course of two reablement review meetings, Myra is supported to reconnect to weekly meetings with friends, which results in several outcomes being achieved.

WEEKLY REABLEMENT REVIEW TOOL	
<i>Personal outcome: seeing people</i>	<i>Action</i>
Myra wants to get back to meeting her friends Agnes and Cathy in Dobbies café every Wednesday. Although Myra has made a good recovery from her fall a couple of months ago, she still feels a bit nervous about getting the bus to the garden centre.	Contact the local volunteer befriending service to provide an escort for a few weeks until Myra feels confident travelling on her own Myra to contact her friends to make arrangements
REABLEMENT FINAL REVIEW	
<i>Personal outcome: seeing people</i>	
Myra is delighted that she has re-established her old routines with her two closest friends	
<i>Feeling safe</i>	
Myra reported that after two weeks of support from the befriender to get the bus she realised that she was able to manage safely on her own	
<i>Confidence/morale</i>	
Myra feels that the weekly coffee date is giving her back a sense of herself	
<i>Wellbeing</i>	
Myra feels that still being part of things outside the house is giving her 'something to keep going for', and makes her feel well	

For this example and the second example below we have applied the criteria as follows:

Applying the criteria

Distinction between outcomes and outputs	This example includes an output (befriender) and the important thing is that the use of the service is linked to clear intended outcomes
The outcome is personalised	The initial outcome digs below the high level outcome of seeing people to identify details. In this case it includes who Mary wants to see, where, when and why. It is personal to Mary.
The person/family has a role	Although the befriender (service) plays a part, Mary plays a part too and this is recorded.
Uses person's own language as appropriate	Mary has said that she now 'has something to keep going for' and this has been recorded
Action oriented (usually)	There are clear actions identified to attempt to work towards Mary's outcome

2) NORTH LANARKSHIRE INTEGRATED DAY SERVICE

(The following example includes extracts from two reviews from different points in time, and illustrates how changed circumstances for the individual concerned promote discussion about how the personal outcomes can be maintained)

Mary McPherson is a retired shop assistant who lives alone and has vascular dementia. She attends Sinclair integrated day service three days a week, where close attention is paid to her fluctuating health conditions. The social interaction at the centre also helps to reduce Mary's anxiety. Staff noticed a changed pattern of behaviour. Although Mary was generally even tempered and enjoys group activities, she had been very unsettled. Staff noticed that she could be irritable in the morning, and that if the day started like that, Mary could really disrupt activities. This led to uncertainty about whether Sinclair was still meeting Mary's outcomes.

Following a staff discussion, it was decided that if Mary was irritable in the morning, a senior staff member would give her one-to-one time and try to get to the root of the problem. Staff used verbal and non-verbal cues to work out what was going on. It became clear that Mary was anxious about problems with her neighbour's children. She also becomes agitated when her niece Angela, who visits Mary regularly, is away. One to one chats provided Mary with reassurance and helped to reduce her anxiety. Staff now take a pro-active approach when they know Angela is away and provide a bit of extra support and reassurance.

FIRST REVIEW
<i>Personal outcome: Seeing people</i>
Mary enjoys mixing with everyone at Sinclair although recently she has been less settled
<i>Personal outcome: Having things to do</i>
Mary enjoy participating in group activities at Sinclair but again has been struggling with participation recently and has been disruptive by shouting and swearing
<i>Personal outcome: Being as well as you can</i>
Mary has fluctuating health conditions which are monitored and managed at Sinclair. It is not clear how this would be managed elsewhere. Usually attending the service helps to reduce her anxiety through avoiding social isolation. However Mary has shown signs of anxiety and agitation recently which is impacting on her participation in Sinclair.
<i>Action</i>
Staff have had a meeting to discuss the fact that Mary has had days where she was agitated and at times disruptive. The decision was to provide one to one time to Mary to talk through her concerns at the start of a bad day
<i>What else needs to happen</i>
The centre manager is asking community police to drop in and visit Mary to reassure her about her worries about her neighbours

SECOND REVIEW
<i>Personal outcome: Seeing people</i>
Mary is again enjoying mixing with her friends and staff at Sinclair since the new approach has been adopted of one to one time as a response to agitated behaviour
<i>Personal outcome: Having things to do</i>
Mary enjoys group activities again
<i>Personal outcome: Making a contribution</i>
Since staff have been observing Mary more, they have noticed how much her face lights up as she enjoys helping to share out materials when there is a craft activity
<i>Personal outcome: Being as well as you can</i>
Mary's health conditions can continue to be monitored and managed at Sinclair. Staff have commented that Mary seems less anxious, more settled and contented. Angela now informs staff in advance if she is going to be away. Mary communicates with staff after one to one chats by patting their hand, which seems to be her way of saying that she feels less anxious

Again, the criteria can be applied to this example as below

Applying the criteria	
Distinction between outcomes and outputs	Attendance at Sinclair integrated day service is the key output for Mary. It links to outcomes including maintaining wellbeing, providing social interaction and reduced anxiety
The outcome is personalised	Specific details relevant to Mary are recorded against each of the relevant high level outcomes
The person/family has a role	Mary enjoys and benefits from sharing out material for craft activities
Uses person's own language as appropriate	Mary has some ability to communicate verbally. Staff have also used observations of changes in Mary's behaviour to monitor her wellbeing and recorded that she pats their hand to reassure them that she is ok
Action oriented (usually)	A range of actions are identified to maintain outcomes for Mary

3) NORTH LANARKSHIRE INTEGRATED DAY SERVICE

(Another example from integrated day services includes outcomes for the person and their carer being considered in tandem. This example is an extract from a review tool, showing similar types of outcome for the person and their carer, although the personal outcomes are different)

Jim has had dementia for several years. He lives at home with his wife Anna. Recently his dementia has advanced and he has struggled with mobility. Jim was unable to get out to Sinclair day service a couple of times last month. Jim enjoys the company at Sinclair and Anna relies on Jim attending so that she can have time to spend with their grandchildren. The Sinclair manager suggested a stairmatic to help Jim in and out of the house. However, Anna was not happy with this suggestion. The hall is very small and the stairmatic would clutter the hall and living room. After further discussion, agreement was reached to provide an extra member of staff from Sinclair to collect Jim in the morning. One member of staff would verbally reassure and encourage Jim while the other physically guided him out of the house, into the wheelchair then the taxi. This worked well. The situation settled again with only one member of staff required. However, the option of extra support is there, providing Anna with reassurance.

REVIEW	
<i>Personal outcome: social contact</i>	<i>Personal outcome: social contact</i>
Jim	Anna
Jim is able to continue to attend Sinclair day service, where he enjoys the company	Through Jim attending Sinclair day service, Anna can spend time maintaining relationships with her grandchildren
<i>Personal outcome: wellbeing</i>	<i>Personal outcome: wellbeing</i>
Although Jim's mobility has shown signs of deterioration recently, he retained motivation to walk and his mobility was maintained through being supported to walk out of the house into the bus	Anna is able to continue to enjoy leisure time to herself which reduces her stress and improves her wellbeing
<i>Personal outcome: being listened to</i>	<i>Personal outcome: being listened to</i>
Jim responds well to the verbal and physical reassurance he gets from staff when his mobility is poor, which he shows by nodding and winking	Anna was really pleased that the social worker had listened to her concerns about the stairmatic and 'provided a lifeline' by coming up with an innovative solution
How achieved	How achieved
A stairmatic was proposed initially but was not suitable. Instead an extra member of staff safely guides Jim out of the house if required	Anna did not want a stairmatic in her house as this would have cluttered up their limited space. Instead, an extra member of staff is available to safely guide Jim out of the house if required

4) VOCAL CARERS SERVICE

(The following example focuses on just one outcome extracted from baseline and review tools, showing an improvement in carer wellbeing)

BASELINE TOOL
Personal outcome: physical and mental wellbeing
The carer is aware that his work-life balance is not good. He has started to let his work know that he cannot do so much due to his caring situation. The carer recognises that he needs to take more time for himself as he is sometimes "exhausted" and wants to avoid becoming unwell.
REVIEW TOOL
Personal outcome: physical and mental wellbeing
The carer is still struggling with the balance between work and caring. However he has started to go bowling with a friend. He has managed to do this twice in the last couple of months, and his daughter is happy to keep her mum company while he does this. The carer recognises that he feels 'refreshed' by this and feels 'ready to cope again' so he is keen to do this as often as he can.

5) PENUMBRA MENTAL HEALTH SERVICE

(This example is from an organisation which has developed a wellbeing measurement tool. The example draws on casenotes to show how events can have unanticipated effects on outcomes.)

Penumbra has developed its wellbeing measurement tool over a number of years. There is also a focus on recording narrative in relation to wellbeing outcomes. In the following example a worker from Penumbra records in case notes the unexpected impact of an unclear diagnosis on a young man. The worker notes that the scores on the wellbeing tool increase significantly.

Met with Alex for scheduled support. There has been a real change in Alex's outlook since last week and he is reporting feeling better than he has in years. Discussed further and while
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he still felt upset last week at lack of diagnosis, on reflection it has freed him in many ways to be himself and he is finding an acceptance of himself. This has led him to be proactive in achieving small things this week, and also planning further things to achieve. He has resolved he will return to volunteering once he has his bus pass, and had brought the things to do that today. He was also going to get a form for housing as is finding his current situation detrimental to his health. There will be challenges but he is remaining positive. Completed I.ROC and compared it to previous one to see changes - positive improvements in many areas. Discussed using this next week at support to identify and set goals - apt set for same time/day next week.

6) EAST RENFREWSHIRE CHCP

(This example is an extract from a review tool, illustrating 3 outcomes for a young man with learning disabilities. While there has been significant improvement with one outcome, further action is required with two outcomes)

Review	
Living where/as you want	Action
Jimmy is keen to be rehoused and live independently from his parents. In the meantime he attends the resource centre twice a week, where he is supported with developing the necessary skills.	Social worker working with Jimmy approximately monthly to build assertiveness skills
Things to do	Action
The activities that Jimmy has chosen for the Winter programme are assistance with independent living skills and confidence. Jimmy continues to spend every Thursday at a work placement in X care home. His responsibilities include tasks such as sorting the calendar and weather board, setting the lunch table, clearing up after the meal and folding napkins. He also assists in activities and games with the residents. Jimmy wants to increase his level of responsibility at the care home and he has said he would like support to speak to the manager about this.	Social worker to speak to Jimmy again to see if he could plan what he might say to the manager himself about increased responsibilities and whether and how much additional support he needs to do that
Wellbeing	
Jimmy's overall demeanor has improved and staff report that he appears more relaxed and alert. Jimmy's dad also stated that Jimmy appears to be more engaged, that he is singing in the shower in the mornings and he is generally more content going to and from the centre	

7) EAST RENFREWSHIRE CHCP

(This is an example from a review tool, which includes two outcomes for the person concerned, and also considers carer quality of life, which is incorporated in the organisation's review tool)

The example relates to a man who has taken early retirement a few years ago and whose longstanding history of alcohol misuse has exacerbated during that period.

Review	
Living where you want	Action
Mr. Macleod has maintained for months that his priority is to remain in his own home. However, escalating risks to his health and safety at home are very high, prompting his family requested an urgent review. Although refusing to discuss alternative accommodation, Mr Macleod has said his faith is important to him and so attempts will be made to ensure spiritual care is available to him	A key focus since the last review two months ago has been encouraging Mr. Macleod to accept increased daily visits from home care to help ensure that he is eating, which in turn reduces the risk of falling. However, after changes of staff due to illness in the service, Mr. Macleod repeatedly refuses to allow staff back in, which combined with his health issues, makes remaining at home non viable.
Being as well as you can	
In the last two years a pattern has developed, as described by Mr. Macleod's family, whereby he is repeatedly admitted to hospital, where his health improves due to reduced alcohol intake and improved diet. Mr. Macleod does not accept that he has a drink problem. As well as poor health due to malnutrition, reasons for admission have included injuries after three falls, and smoke inhalation following a fire after he fell asleep while smoking	Mr. Macleod's daughter Sandra and son in law John are the only family living locally. Sandra has periodic involvement in her father's life but is now adamant that with the further deterioration in his mental and physical health, the risks he presents to himself and his neighbours, and his refusal to accept homecare for several weeks, that 24 hour care is the only option to preserve his safety and what remains of his health
Carer quality of life	
Sandra reported that her own health has deteriorated rapidly in parallel with her father's recent alcohol abuse. Her anxiety has meant she is unable to sleep and increased asthma attacks are causing absences from work. She wants to keep her job, which helps to 'keep her sane'	The social worker has met Sandra twice during this period. Initially angry with services, she talked for the first time about her grief about both parents. She wants counseling to come to terms with her grief and reduce her anxiety but the GP advises she will wait nine months. The social worker will maintain a reduced level of contact while alternatives are sought

8) LANFINE UNIT, NHS Lothian

(This is an extract from a review tool in an NHS setting, which illustrates two outcomes relating to the same issue which emerged, and shows the importance of the quality of the interaction with the practitioner, as well as the action taken)

Gillian has been living with MS for four years. She has two children at primary school. Her condition deteriorated recently, affecting her urinary continence. She has hardly been out of the house as a result. The specialist MS nurse Trisha visited as soon as Gillian phoned and has put a plan in place to make sure that Gillian is more able to manage without fear of a recurrence.

REVIEW	
Personal outcome: Living life as I want	Action
Gillian's top priority was to make sure that she was able to attend Sam's (6) school concert, without having to worry about having an accident. She was relieved that this had all gone according to plan	As previously agreed, Trisha the MS Nurse had agree a plan with Gillian to manage her continence
Personal outcome: Treated with respect	
Gillian was relieved that Trisha understood how she felt about her continence worries, and felt that her dignity has been maintained through the support Trisha has provided	

9) SHANARRI WELLBEING PRINCIPLES

(This extract from a support plan shows three outcomes for a young carer, and the actions agreed to try to improve them. It also shows how an outcome that seems positive on the surface might actually be more complicated on closer examination)

Keira (9) lives at home with her mum Janet (36) who has had a stroke and needs a lot of support to manage day to day living. School staff had become increasingly concerned that Keira's attendance and time keeping at school had deteriorated over recent months and that she no longer participates in the drama club which she previously loved. A Discussion between Keira and a social worker around SHANARRI wellbeing principles helped to clarify a plan

SHANARRI principles	ACTIONS
Responsible	
Keira was pleased to report that she has a range of responsibilities at home including domestic tasks and personal care for her mum. However, this has meant that getting into school in the morning is becoming an increasing struggle. She is also rushing home from school to help her mum	Discussion to take place urgently with Janet to consider alternative support in the morning and around after school time to take the pressure off Keira Social worker to talk to Keira about getting a balance between being responsible and opportunities to remain included
Included	
Keira is disappointed that she can no longer attend drama club on Tuesdays and Thursdays, particularly because she was hoping to get a part in Annie, and because she has friendships in the drama club	Alternative support to enable Keira to attend drama club Social worker to ensure that Keira has other opportunities to spend time with peers
Achieving	
There have been questions about whether Keira might have dyslexia as she struggles to keep up with several subjects at school. Keira says 'what makes me feel good about myself' at school are her performances in the drama club	The existing referral to educational psychology needs to be chased up to assess Keira's educational support needs Continued attendance at drama club is important to Keira's sense of achieving and she is committed to attend if her mum has support

10) NEGOTIATING DIFFERENT PERSPECTIVES

(This example from a support plan focuses on two outcomes for a man who has been diagnosed with dementia. It is an example of where there are different views within a family about balancing personal outcomes and perceptions of risk).

Ian has recently been diagnosed with dementia. His son David has contacted the dementia link worker because he is worried that his dad's previous pattern of going for a pint every day and putting a line on at the bookie's has turned into several pints and significant spending on gambling. David tells the link worker it's time for his dad to think about moving into a care home. This story is linked to the Promoting Excellence resource (NES 2014).

Personal outcome: living where/as I want	Action
David wants to remain living at home independently and to be able to come and go as he chooses. Although David wants to be able to keep going to the pub and	Link worker arranged meeting with David and his son to work out ways of managing concerns and supporting David to stay at home. Through negotiation David acknowledged that he is

the bookies, his son is concerned that his spending is getting out of control	starting to get into financial difficulty and that he would prefer an arrangement which lets him keep going with his daily routine while avoiding financial risk. David agreeable for now to his son keeping his bank card and providing a set allowance each day to limit spending. David's son remains anxious and not convinced but is willing to try the new system and meet again in a month to see how things are going.
Personal outcome: social contact	Action
David wants to keep in contact with his old friends at the local pub.	As above

11) SEVERAL ACTIONS CONTRIBUTING TO ONE OUTCOME

(example of an extract from a support plan focusing on one outcome, linked to various actions).

As a result of a car accident six months ago, Brian's (19) mobility has been affected. He is no longer able to play football but can walk with sticks. He has good and bad days but recently has been struggling to stay motivated and has been gaining weight, making him feel more down

Personal outcome: Being as well as you can	Action
Brian wants to be as active as he can but 'doesn't know where to start' now that he can't play football	Personal trainer at local sports centre is going to offer Brian an appointment to consider different options for new activities
Brian wants to manage his weight to avoid his mood going down	In addition to going to the sports centre Brian is going to reduce his car use and is going to start walking about more.
	Brian's brother Liam has said he will walk about with him until he starts to feel less self-conscious about using his sticks in public
	Brian's mum acknowledges that she has been encouraging him to eat as much as possible as a way of getting well. She is going to work with Brian to think about healthier options

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