

**Talking about what matters: a systematic search and review exploring barriers and facilitators for implementing outcome-focused conversations**

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Talking about what matters: a systematic search and review exploring barriers and facilitators for implementing outcome-focused conversations

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Unpaid carers form the backbone of health and care systems. Caregiving can be rewarding but can also diminish carer well-being. Many policies recognise that outcome-focused assessments are the foundation of effective support. In practice, carers can struggle to access these, preventing the realisation of carer-oriented policy goals. This systematic search and review explored literature concerning adult carer outcome assessment, retrieving 21 eligible studies spanning work in five countries. A narrative synthesis highlighted the skilled nature of the practice involved, alongside long-standing implementation barriers. We make evidence-based recommendations for policy implementation, with potential to improve outcomes for carers, practitioners and organisations.

Key words personal outcomes • carer conversations • outcome-focused assessment • support planning

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article

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AQ1

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Introduction

This article was stimulated by the authors' ongoing work promoting outcome-focused conversations with unpaid carers and builds on a legacy of 25 years of exploration. Here, outcomes refer to the impacts or end results of services, support or activity on a person's life. Outcomes-focused services aim to achieve the goals and priorities identified by people who use services, reflecting their strengths and clarifying the role of each person involved in working towards those goals. This contrasts with services whose approach is narrowly predetermined by agency protocols and a limited range of

service options, or where outcomes are determined solely by staff. Outcomes should be personalised, reflecting the aspirations of the person(s) involved, elicited through conversations about what matters to them. Our shared sense in working in this field is that despite clear evidence of the benefits of outcome-focused conversations, there are persistent barriers to progress. Tackling these challenges is fundamental to improving support for unpaid carers. We explore the role that unpaid carers have in outcome-focused conversations and outcomes for unpaid carers, and present the established benefits of outcome-focused practice. We then detail a systematic search and review (Grant et al, 2009) undertaken to explore the persistent challenges to this approach.

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Conceptualising the role of unpaid carers in outcome-focused conversations

Historically, health and social care services have focused on care and support for the person identified as having a disability or illness. Comparatively, unpaid carers (that is, family members, friends or neighbours who provide help and assistance to someone) occupy an ambivalent position in these systems. As Twigg and Atkin's (1994) path-breaking work demonstrates, assumptions and expectations held by health and social care providers influence both the quantity and quality of the support that unpaid carers receive. They identified several conceptualisations of what an unpaid carer's role is:

- a 'resource' providing support to a person with care needs between professional interventions;
- a 'co-worker' who contributes to the quality and continuity of caring;
- an 'individual' who has needs in their own right; and
- a 'superseded' unpaid carer, where the aim is to replace the existing caring arrangements by either maximising independence for the person with care needs or recognising that caring is no longer required.

Asserting the need for a more explicit partnership between unpaid carers and health and social care providers, Nolan et al (1996) proposed an additional conceptualisation of 'carers as experts', the aim being to enhance unpaid carers' competencies and support their role throughout the duration of caregiving.

While debate continues as to the most beneficial conceptualisation of the unpaid carer (hereafter, referred to as 'carer') role, we take a nuanced position. Based on evidence of carer-defined outcomes, carers are viewed both as skilled partners with valuable and unique contributions to make towards assessment and support planning for the person they support, and, at the same time, as human beings who themselves have their own needs and well-being outcomes (Guberman et al, 2003).

Carers in policy

Attempts to acknowledge carer contributions and support their caring role have been evident in international policy since the 1990s. In Sweden, support for carers became a government priority in the late 1990s (Swedish Board of Health and Welfare, 1998), with investment in developing and embedding outcome-focused conversations in assessments to improve support for carers since 2000 (Guberman et al, 2007). In Canada, family presence policies are intended to implement person- and family-centred practices that enhance the quality, safety and experience of care (Institute

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for Patient and Family Centred Care, no date). In the UK, attention turned to carer assessments following the National Health Service and Community Care Act 1990 and the Carers (Recognition and Services) Act 1995. Following devolution in the UK, legislation continues to promote carer well-being, stipulating that support must be personalised and outcome focused, for example:

- Care (England) Act 2014
- Social Services and Wellbeing (Wales) Act 2014
- Carers (Scotland) Act 2016
- Carers and Direct Payments (Northern Ireland) Act 2002

Understanding outcomes for carers

While outcomes are commonly defined as the impact of activity or support, which is a key component, experience from practice shows that an exclusive focus on evidencing the results achieved by services is problematic (Nicholas, 2003; Hanson et al, 2006; Cook and Miller, 2012). For instance, while the National Health Service and Community Care Act 1990 emphasised carers' needs, Nolan et al (1996) noted inherent contradictions, including the prioritisation of service-user needs and confusion as to whether people's views were paramount or whether the practitioner was ultimately to identify needs. A further concern was that the policy guidance promoted quick decision making rather than considering evidence about the need for careful, responsive engagement (Nolan et al, 1996).

Hanson et al (2006) noted that outcomes have rightly been criticised for being too abstract and not reflecting the goals carers see as important. Services should focus on the outcomes relevant to carers themselves while giving due consideration to the views of the person they support, practitioners and managers (Nicholas, 2003). Work focusing on personal outcomes with carers gained momentum in the late 1990s. Particularly influential has been the work of Nolan et al (1998) and Nicholas (2001; 2003).

The framework presented by Nicholas in 2003 identified four outcome domains:

- a good quality of life for the person with care needs;
- a good quality of life for the carer;
- recognition and support in the caring role; and
- service process outcomes.

These outcome domains have been tested in different contexts and found to retain their salience (Hanson et al, 2006; Miller, 2011) with different carer groups. Arksey et al (2007) compared outcomes desired by parents of children with a disability and by carers of older adults with a disability, finding striking similarities in the range of outcomes that carers wished to achieve. Recent research by Magnaye et al (2020) found parallel concerns and overarching goals among carers relating to health, well-being and quality of life. Their goal domains similarly remained broad enough to allow for individual circumstances, meaning, aspirations and stage of caring to be articulated (Magnaye et al, 2020), with emphasis on resilience and sustainability rather than burden (Leslie et al, 2020).

The outcome domains presented by Nicholas (2003) are consistent with a conceptualisation of carers as people who are both skilled partners in caring alongside

health and social care practitioners, and people who have their own needs and well-being outcomes. Understanding that core quality-of-life outcomes are consistent for most people and that additional outcomes may vary according to individual circumstances provides a basis for holistic and whole-family assessment approaches.

Further considerations that may help elucidate the implications of this article concern distinctions between outcome-focused practice, assessment and conversation. Outcome-focused practice can be understood broadly as representing ways of working with people, incorporating strengths-based and person-centred principles. Outcome-focused assessment concerns the gathering of perspectives and information to influence individual planning within the same practice principles. Outcome-focused conversation is emphasised as the vehicle to informing assessment, requiring an exchange of perspectives. Conversations redress tick-box assessment styles, in which the professional is assumed to carry the knowledge and to counter assessment approaches driven by systemic concerns, such as demand management.

Smale et al (1993) identified three models of assessment conversation:

- a questioning model, focusing on extracting information;
- a procedural model, driven by requirements to manage demand, such as eligibility criteria; and
- an exchange model.

The exchange model is cited in relevant literature (Nicholas, 2003). It was developed in the UK by Smale et al (1993) in response to the Community Care Act, which paid limited attention to the complexities of meaningful engagement (Nolan et al, 1996). While recognising worker expertise, it also assumes that people are ‘experts in themselves’ (Smale et al, 2000: 140) and accommodates a triadic assessment. This model leads to an exchange in which power is shared. A key feature is the shift from a focus on individual problems and deficits to the inclusion of a focus on strengths, as articulated by Rapp and Chamberlain in 1985 (Rapp and Chamberlain, 1985; see also Nicholas, 2003; Hanson et al, 2006; Miller and Barrie, 2016). This is particularly salient in work with carers, where there is a long-standing tendency to focus solely on the burden of caring (Twigg and Atkin, 1994; Nolan et al, 1996; Nicholas, 2003).

Benefits of an outcomes approach with carers

A range of benefits from undertaking outcomes-focused conversations during carer assessments and support planning have been identified. This way of working builds on the importance of relationships and process, premised on the principle that every conversation during planning sessions or assessments is an intervention (Tsegai and Gamiz, 2014). Many of the benefits of outcome focused conversations are linked to the engagement process and can be grouped under the headings of clarity of purpose; strengths focus; partnership and collaboration; holistic understanding; relevance and effectiveness; and therapeutic benefits. Although distinct in some ways, there are close links between these benefit categories.

Clarity of purpose

Focusing on outcomes provides an opportunity to step back from constant activity and think about what the desired endpoint is, that is to define the intended outcome

(Cook and Miller, 2012). In a study of embedding outcome conversations in social work practice in Scotland, a key theme was that an outcome focus to conversations provided greater clarity and shared purpose in working with individuals and families (Johnstone and Miller, 2008). This was later echoed in a later study: ‘you can actually see very clearly what you’re supporting a carer to achieve. And that’s... The feedback from everybody is that it’s much better’ (Miller and Barrie, 2019: 1006).

A strengths focus

A strengths focus can help engage carers who are reluctant to seek support (Lévesque et al, 2010). Emphasising carer strengths and their ability to find solutions can enable carers to view help seeking not as an indication of failure but as a resource to support them to continue caring (Guberman et al, 2003).

Partnership and collaboration

An outcomes focus involves practitioners, people with support needs and carers working together to build outcomes into individual narratives. This requires collaboration and partnership, as illustrated by a social worker: ‘I think that outcomes help you to re-engage with people and even though you may have a vision in your head it’s actually about the vision that that person has’ (Johnstone and Miller, 2008: 10). In Sweden, Hanson et al (2008) found an overwhelming consensus that the most positive and rewarding aspect of using outcome-focused conversations for practitioners was the in-depth discussion with carers. It enabled practitioners to raise issues previously overlooked, resulting in better understanding of the caring relationship. Careful attention to identifying and recording outcomes from conversations with carers built trust and rapport over time (Miller and Barrie, 2019).

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Holistic understanding

Good outcomes are based on a holistic understanding of what matters to carers in the context of their lives. This includes an understanding of carers as people with needs and desired outcomes (Guberman et al, 2003). Practitioners identified that they gained new insights from assessments that were informed by carer-defined outcomes (Hanson et al, 2006; Lévesque et al, 2010).

Relevance and effectiveness

One reason for promoting outcome-focused conversations is a desire to achieve a better fit between support services and the needs and desired outcomes of carers. Developments in Sweden and England around carer outcomes explicitly link them to the achievement of two key elements of services: symmetry and synchronicity. Synchronicity refers to carers and practitioners agreeing on service goals, outcomes and the timing of support. This, in turn, fosters symmetry, whereby services are likely to be sensitive, appropriate and acceptable to carers (Hanson et al, 2006). When symmetry does not exist, carers can perceive services as irrelevant to their needs, and they may either reject them or experience limited benefit (Hanson et al, 2006; Lévesque et al, 2010). To maintain service relevance, the importance of review over time with carers

is emphasised (Hanson et al, 2006; Miller, 2011). These reviews should be led by the carer's outcomes, including consideration of whether the intended purpose of the care plan has been realised, to check for continued effectiveness (Cook and Miller, 2012).

Therapeutic benefits

The therapeutic benefits of good-quality, outcome-focused conversations is consistently highlighted (Nicholas, 2003; Hanson et al, 2006; Tsegai and Gamiz, 2008; Cook and Miller, 2012). Being listened to, valued and recognised are fundamental to well-being yet often undervalued by services. Carers identify that being listened to is a significant outcome (Tsegai and Gamiz, 2014). Other benefits include the opportunity for reflection, to experience release from suppressed feelings, to gain new insights into the caring role and to have opportunities for honest discussion about challenges and hopes (Nicholas, 2003; Hanson et al, 2006; Lévesque et al, 2010): 'people are afraid to talk about unpleasant matters, things that might give offence or matters not acceptable so to say. It is not acceptable to dislike the spouse. It is not accepted to get bored, with a wish to jettison everything and just escape' (Guberman et al, 2003: 350). Longitudinal research in Sweden found that some carer outcomes were improved during the initial conversation, including feeling informed and feeling less stressed (Hanson et al, 2011).

When asked what they liked about outcome-focused conversations, many carers reported that they formally recognised their situation, making them visible and valued (Nicholas, 2003; Hanson et al, 2008). Through building trust with practitioners, they could feel a greater sense of security (Hanson et al, 2008). However, carers emphasised the need for time and space, as these benefits are dependent on building trust with practitioners (Lévesque et al, 2010).

Systematic search of the literature

A systematic literature search identified relevant literature and a best-evidence synthesis was undertaken. Through the search, we distil the key barriers to outcome-focused conversations with carers and identify potential solutions in the available literature. Our broad question was: what does the evidence tell us about the facilitators of, and barriers to, implementing outcome-focused conversations with adult carers in practice?

Identifying relevant studies

We searched diverse databases, including ABI inform, Emerald Insight, Social Sciences Citation Index and Google Scholar, using the terms 'personal outcomes' and 'carer' or 'caregiver'. We limited the search to English-language publications (papers and reports) that could be retrieved online from 2000 onwards, when the policy emphasis on outcome-focused practice with carers gained traction. All included literature had to focus on outcome-focused conversations in assessment and/or planning, and needed to have at least an equal emphasis on carers as on people with care needs. The studies also needed to focus on conversations with carers about their outcomes rather than concentrating on the quantitative measurement of carer outcomes. In addition, studies had to include findings about relevant interventions and/or the implementation of personal outcomes in conversations with carers.

AQ5

Research on outcomes-focused conversations is still undertaken by a relatively small number of research groups, and we found that we reached saturation in new relevant retrievals after searching the identified databases. To retrieve additional studies (including grey-literature reports), we employed backward snowballing by checking the reference lists of included studies and forward snowballing to check for citations.

Study selection

We sought studies that explored the rationale for, and the opportunities and challenges associated with, implementing outcomes-focused conversations in carer assessments, support planning and reviews. Additional inclusion criteria were that studies were either: (1) peer-reviewed studies; or (2) grey-literature reports that included findings on relevant interventions and/or implementation. We did not assess the methodological quality of included studies, as limited literature was available and it was important to draw on all the available evidence.

Extracting the data

Data were collated in an Excel file recording:

- author(s), year of publication, country
- study aims
- methods
- findings
- recommendations

Summarising and reporting results

Collating the information helped us become familiar with the literature. We completed a narrative synthesis, identifying cited barriers to, and facilitators of, implementing outcomes-focused practice. We arranged these under key headings and prepared a narrative summarising the findings from the whole body of literature.

Findings

The search initially retrieved 946 studies. We removed 122 duplicates. After applying eligibility criteria to the abstracts/summaries, a total of 59 studies were screened in full text. Reading of the full texts resulted in the further removal of 38 studies, resulting in 21 studies being included in the review (see [Table 1](#)). The literature spans a period of 20 years (2001–21). The body of literature confirmed that work on outcome-focused carer conversations has been undertaken in a limited number of countries: the UK (England, Scotland and Wales), Sweden and Canada.

There have been close links between researchers in different countries, as evident in the authorships of the studies, which sometimes span more than one country. The reports and articles reported qualitative evidence, emphasising the difference made by focusing on outcomes in practice, from carer, practitioner and organisational perspectives. The narrative synthesis identified a range of factors significant to the implementation of outcome-focused conversations. We selected four practice

Table 1: List of all studies included in the review and which factors each identified

Author	Year	Country	Type of paper	Practice factors identified	Systemic factors identified
Cook and Miller	2012	Scotland	Grey literature	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities Commissioning Eligibility criteria
Guberman et al	2003	Canada, UK, Sweden Australia (preliminary)	PRJA	Deciding where to invest efforts	Service-level resource prioritisation
Guberman et al	2007	Canada	PRJA	Deciding where to invest efforts Fear of raising expectations	Service-level resource prioritisation Eligibility criteria
Hanson et al	2006	Sweden	Grey literature	Deciding where to invest efforts	Service-level resource prioritisation Measurement priorities Eligibility criteria
Hanson et al	2008	Sweden	PRJA	Deciding where to invest efforts Fear of raising expectations	Service-level resource prioritisation Measurement priorities Eligibility criteria
Hanson et al	2011	Sweden	Grey literature	Deciding where to invest efforts	Service-level resource prioritisation Measurement priorities Commissioning
Jarvis	2010	Scotland	PRJA	Deciding where to invest efforts	Service-level resource prioritisation
Johnstone and Miller	2008	Scotland	Grey literature	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities Commissioning Eligibility criteria
Lévesque et al	2010	Canada (with Sweden and England)	PRJA	Deciding where to invest efforts Fear of raising expectations	Service-level resource prioritisation Eligibility criteria
Miller and Barrie	2016	Scotland	Grey literature	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities Commissioning Eligibility criteria

(Continued)

Table 1: Continued

Author	Year	Country	Type of paper	Practice factors identified	Systemic factors identified
Miller and Barrie	2019	Scotland	PRJA	Deciding where to invest efforts	Service-level resource prioritisation Measurement priorities
Miller and Daly	2013	Scotland	Grey literature	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities
Nicholas	2001	England	Grey literature	Deciding where to invest efforts	Service-level resource prioritisation Measurement priorities
Nicholas	2003	England	PRJA	Deciding where to invest efforts Understanding outcomes Fear of raising expectations Fear of stirring up emotions	Service-level resource prioritisation Measurement priorities
Nicholas and Qureshi	2004	England	PRJA	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities
Seddon and Andrews	2021	Wales	Grey literature	Deciding where to invest efforts Understanding outcomes Fear of raising expectations	Service-level resource prioritisation Measurement priorities Commissioning Eligibility criteria
Seddon and Robinson	2015	Wales	PRJA	Deciding where to invest efforts Fear of raising expectations Fear of stirring up emotions	Service-level resource prioritisation Commissioning Eligibility criteria
Seddon et al	2007	Wales	PRJA	Deciding where to invest efforts Fear of raising expectations	Service-level resource prioritisation Eligibility criteria
Seddon et al	2021	Wales and Scotland	PRJA		Measurement priorities Commissioning
SPRU	2000	England	Grey literature	Deciding where to invest efforts Understanding outcomes	Service-level resource prioritisation Measurement priorities
Tsegai and Gamiz	2014	Scotland	PRJA		Service-level resource prioritisation

Note: PRJA = peer-reviewed journal article.

factors and four systemic factors that were prevalent (across countries) and persistent (over time). These factors need to be addressed if positive benefits are to result from outcome-focused conversations (see Table 2). Table 1 lists all studies included in the review, and which factors each identified.

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AQ9

Practice factors

Deciding where to invest efforts

Challenges faced by practitioners in finding time and space to conduct good carer assessments constituted the most prevalent practice barrier in this review (see Table 1). This is complex and highly skilled work (Nicholas, 2003; Hanson et al, 2008; Cook and Miller, 2012). For instance, Hanson et al (2008: 406) highlighted how practitioners need ‘attentiveness and responsiveness’ to realise the benefits of the bespoke carer-assessment tool. To invest time in outcome-focused conversations during assessments, practitioners need to be confident that the engagement with carers is useful in itself and that it will be possible to offer support to meet the needs identified through the conversation. Practitioners do not always have this faith: ‘there isn’t anything to offer carers. I don’t know what actually happens with the carers’ assessments once they are completed. They are obviously on the file.... But whether they go anywhere ... I don’t think they do ... it’s a paper exercise’ (Seddon and Robinson, 2015: 17).

Although the evidence indicates that conversations about carer outcomes are viewed as time well spent (Hanson et al, 2008; Cook and Miller, 2012), time is often a scarce commodity. As a Canadian practitioner interviewed by Guberman et al (2003: 351) explained: ‘I’ve been lulled into the idea that I need to get in and out of those houses as quickly as possible, do my assessment in black-and-white format and get out ... and my heart tells me I shouldn’t be doing that.’ There are limits to how far practitioners can invest in outcome-focused conversations when faced with multiple demands, as discussed further when considering systemic issues.

Understanding outcomes

Exploring personal outcomes requires shifting from an ingrained tendency to fixate on services as the assessment endpoint (Miller and Barrie, 2019). That is not to suggest that services do not make a significant contribution to achieving carer outcomes. However, outcome-focused conversations demand that individuals and organisations move away from ‘tick-box’ approaches that identify problems and deficits, and then match these to a limited menu of service solutions. This formulaic approach is an understandable response to pressurised working environments, where tried-and-tested options seem to offer a ready solution (Cook and Miller, 2012). However, this can restrict practitioners and carers to only consider outcomes ‘within the gift of services’.

Table 2: The four prevalent and persistent practice and systemic factors

AQ10

Practice factors	Systemic factors
<ul style="list-style-type: none"> • Deciding where to invest efforts • Understanding outcomes • Fears of raising carer expectations • Fears of raising up carer emotions 	<ul style="list-style-type: none"> • Service-level resource prioritisation • Measurement priorities • Commissioning • Eligibility criteria

This can overlook non-service (for example, community) resources (Cook and Miller, 2012). An outcome-focused conversation, by contrast, requires a detailed, holistic exploration of carer perspectives, so that their priorities drive decisions (SPRU, 2000).

Nicholas (2003: 43) identified that an additional challenge in switching the assessment focus was that many practitioners struggled to distinguish outcomes from needs and services: 'Although we look at needs, we tend also to focus on set kinds of service delivery which may not fit into the outcomes that the person wanted.' Facilitating a switch to outcome-focused conversations will require long-term support. They do not represent a straightforward clinical intervention. Rather, working with carers in this way requires a deeper cultural shift within organisations, involving different understandings about the purpose of engagement to support the changes in practice involved (Nicholas and Qureshi, 2004; Guberman, 2007). It is therefore unrealistic to expect stand-alone training courses to be effective in catalysing the changes required (Cook and Miller, 2012).

AQ11

Fears of raising carer expectations

A further persistent barrier to implementing outcome-focused assessments is practitioner fear of raising carer expectations (Nicholas, 2003; Hanson et al, 2006; Jarvis, 2010; Cook and Miller, 2012). This is partly influenced by the prevailing emphasis in care on identifying and fixing problems. If the practitioner anticipates that they might disappoint carers through failing to fix identified problems, they will understandably want to constrain the conversation to aspects of service provision that they feel are within their gift.

Contrary to this expressed fear, research suggests that when practitioners facilitate open conversations with a strengths-based orientation, it is often modest support needs that are identified. It is consistently reported that outcome-focused conversations with carers do not result in significant demands for new resources (Hanson et al, 2008; Tsegai and Gamiz, 2014). Carers will often identify their own solutions given the opportunity to think creatively (Lévesque et al, 2010) and often have modest support expectations (Seddon et al, 2007), including a wish that their caring role is acknowledged and that they are listened to (Jarvis, 2010). A frequent concern in the literature is that closing conversations down to avoid raising expectations can inadvertently result in oppression: 'Aspirations are an important motivating factor in people's lives, even if they cannot all be achieved in the immediate future' (Nicholas, 2003: 42).

Fear of stirring up carer emotions

The fear of raising carer expectations sits alongside the fear of unleashing carer emotions, particularly if the practitioner feels that they have to 'fix' these and feels ill-equipped to do so (Nicholas, 2003). This concern could be exacerbated if practitioners perceive a lack of resources to support carers (Seddon and Robinson, 2015). Practitioner fear of stirring up emotions was not a universally noted concern in the literature, with some carer support workers describing their practice in ways which showed that supporting carer emotions was accepted as part of their role (Miller and Barrie, 2019). Indeed, the literature suggests that many carers found it useful to talk things over and reflect on their situation (SPRU, 2000). Outcome-focused

conversations could be emotional processes, but carers rarely saw this as problematic (Nicholas, 2003; Seddon and Robinson, 2015). They spoke about release from suppressed feelings, discovering new insights into why they were caring and what they were gaining from the role. They also spoke about opportunities to voice their difficulties and their hopes (Nicholas, 2003).

Systemic factors

Service-level resource prioritisation

Health and social care services are stretched for resources in all the countries referenced in the literature, a situation exacerbated by the COVID-19 pandemic, which has brought a raft of new pressures (World Health Organisation, 2022). There are challenging decisions to be made about how to distribute resources and who to prioritise. This mirrors the practice challenge identified earlier about having to choose where to invest efforts.

Management concerns about where to allocate the time available are a long-standing and genuine cause for deliberation, raising important political questions about investment priorities. Conversation may easily be discounted in face of such pressures, despite evidence of the benefits, as cited by almost all studies in our review (see Table 1). Yet, the literature also highlights that a significant proportion of service time is consumed by failure demand (Seddon, 2008), whereby missed opportunities to get things right for people first time results in additional time and resource being expended. Other systemic factors, detailed later, may be contributing to these instances of failure demand.

Measurement priorities

To effectively plan and deliver activities, management needs to understand service volume, quality, reach and effectiveness. Yet, what is ‘measured’ often misses what matters most to the people using and delivering services (Miller and Barrie, 2016), aligning with tick-box approaches to assessment. Challenges with ‘measuring’ outcomes are exacerbated when outcomes are determined bureaucratically, relying on numbers alone, perceived as an administrative burden by practitioners (Nicholas, 2003).

The literature points to the use of qualitative data obtained through outcome-focused conversations to understand progress with outcomes and the various contributions involved. Thus, the carers’ contributions towards their own outcomes are recognised and acknowledged, supporting the development of a more enabling service culture. The role that practitioners play, including the value of listening and supporting, is also acknowledged (Miller and Daly, 2013).

There is significant potential to progress to a more nuanced approach that involves tracking outcomes over time with people through eliciting intended outcomes at an early stage of involvement and later reviewing personalised outcomes through further conversation (Hanson et al, 2006). This is consistent with the understanding that outcomes can rarely be attributed to any single intervention or action but, rather, are the result of multiple contributions (Cook and Miller, 2012).

Commissioning

Commissioning emerges as a more recent concern in the literature. The aspiration is that information gleaned through outcome-focused conversations should inform the planning and commissioning process, and based on this intelligence, relevant supports and services need to be commissioned (Seddon et al, 2021). Concerted efforts should be invested in supporting practitioners to record information shared during conversations in ways that improve the evidence base around carer outcomes, including qualitative data about what works for carers (and gaps in provision) (Miller and Barrie, 2016). Investing in this type of recording could be a virtuous circle, as practitioners should see service developments improving outcomes for carers. Over time, this may reduce their ambivalence about engaging in outcome-focused conversations (Seddon and Robinson, 2015). Recent research makes the case for evolving the role of commissioners so that they are facilitators of change who can engage through outcome-focused conversations with carers (and other stakeholders) to consider diverse community-based resources and more flexible support options (Seddon and Andrews, 2021). Harnessing the collective power of stakeholder perspectives through outcome-focused conversations to define and work towards greater social good is in keeping with the exchange model.

Eligibility criteria

A further barrier to outcome-focused conversations are gatekeeping mechanisms, specifically, eligibility criteria. Predetermined eligibility criteria can obstruct partnership working with carers, as the practitioner is required to act as a 'gatekeeper' for support services (Hanson et al, 2008; Cook and Miller, 2012). While eligibility criteria are referenced in literature from other countries (Guberman et al, 2007; Levesque et al, 2007; Hanson et al, 2008), they feature more in UK literature after 2003 due to their prevalence in UK systems (Seddon et al, 2007; Cook and Miller, 2012).

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Eligibility for social care in the UK is determined by the Fair Access to Care Services (FACS) criteria (DH, 2003). FACS criteria were introduced with the promise of transparency and equity in decision making (DH, 2003). Soon after their introduction in England, FACS were found by the Commission for Social Care Inspection (CSCI) to have resulted in sustained reductions in the number of older adults receiving support and more people experiencing poorer quality of life (CSCI, 2007). Many people requiring support had also been 'lost to the system' due to being deemed ineligible, with subsequent cost implications for the individuals, carers and services (CSCI, 2009). Further unintended consequences of eligibility criteria were identified by the Institute of Public Care (2009) who noted that preventative approaches could be discounted through thresholds not being met and that people could be more reluctant to relinquish resources that they might need in future due to barriers to access.

An additional concern emphasised in our review is that eligibility criteria can divert from a focus on strengths and capabilities, which underpins good outcome-focused conversations. This can result in gaming the system, and practitioners can perceive a need to accentuate the negative to overcome access barriers when they identify needs for support that do not fit predetermined criteria (Hanson et al, 2008; Miller, 2010; Seddon and Robinson, 2015).

Strengths of the review

Strengths of the review were as follows:

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- Inclusion of diverse types of study through a comprehensive search process contributed to as complete a picture as possible of research on the implementation of outcome-focused conversations with carers.
- To our knowledge, this article is the first attempt to move this conversation forward. We know that outcome-focused conversations with carers are valuable, and we also know that they are difficult to put into practice. We now need to learn from the collective knowledge that has amassed about how to enhance implementation.
- While the systematic search identified work undertaken in five nations, including different types of health and care system, the principles underpinning effective outcome-focused conversations were broadly similar. This means that consistent 'lessons' are apparent in the extant body of literature.

Limitations of the review

Limitations of the review were as follows:

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- Although there was at least one peer-reviewed article from each country, some of the included literature ($n = 9$) has not been peer reviewed.
- Although all studies met our eligibility criteria, we did not utilise a standardised appraisal tool or checklist. This enabled us to draw on the extant body of literature but may have introduced bias into the review synthesis, as we did not distinguish between high- and low-quality research evidence.
- All the work retrieved was undertaken in higher-income countries, so transferability to lower- and middle-income countries might be limited.

Recommendations

Focusing on the outcomes valued by carers during conversations moves the basis for assessment and planning towards carer priorities, and improves carer outcomes, including those of being valued, recognised and listened to. Further, the strengths-based approach in these conversations enables partnership working and, in so doing, enhances the sustainability of services.

Despite evidence for the effectiveness of outcome-focused conversations, they remain difficult to implement. The literature reviewed here, spanning over 20 years, demonstrates a significant impasse in practice. While the review identified both practice and systemic factors impacting on implementation, we propose that the latter need to be addressed first to enable effective outcome-focused conversations to flourish. The evidence shows that practice can get stuck when policy tools are introduced without attention to potential practice tensions. More broadly, there is great potential to foster greater collaboration between research, policy and practice around carer outcomes in order to extend the exchange model into research design and practice development. Some of this work is ongoing ([Andrews et al, 2020](#); [Seddon and Andrews, 2021](#)).

The review findings support the following recommendations:

- Outcome-focused conversations constitute an intervention in themselves and require delicate and sensitive work. Careful consideration is required of the competing, often conflicting, demands made of practitioners. The time and space for effective engagement must move out of the ‘nice to do’ category within services to being understood as vital – requiring a cultural and systemic shift – central to the professed values of both policy and practice, both in the UK and internationally.
- There is significant evidence that it is beneficial to engage carers in conversations to ensure that they are listened to, to achieve mutual understanding of their priorities, to co-design support plans accordingly, to review and learn from progress, and to adapt accordingly. This evidence needs to be shared more effectively with practitioners and policy makers.
- There needs to be greater understanding of the practitioner skill involved in effective engagement, conversation and assessment work. Investment is required to help practitioners gain these skills and to support and nurture them within organisations.
- Practitioners need support so that they do not feel that they need to come up with all the answers. The evidence shows that having the opportunity to be heard in outcome-focused conversations is what is fundamental.
- By moving beyond tick boxes and reductive approaches to measurement in career engagement, collecting and analysing qualitative data through outcome-focused conversations helps progress learning about what works, builds knowledge and understanding of carer priorities, and prevents decisions being based on incorrect assumptions.
- Regarding eligibility criteria, alternative approaches to demand management are already being tested in local authority areas in both Wales and Scotland. More collaborative and outcome-focused approaches to commissioning are also in progress. These need to be further explored and the learning shared.

Conclusion

We have considered how the exchange model of assessment underpins outcome-focused conversations by valuing all perspectives and requiring collaborative decision making. This contrasts with the questioning model, which extracts information in response to predetermined questions, and the procedural model, driven by requirements to manage demand (Smale et al, 1993). What has emerged from our review is that practitioners are being asked to adhere to all three models without acknowledgement of the inherent contradictions between them. This has resulted in mixed messages and confused implementation. Without grappling with the current contradictions in policy and their relationship with systemic issues impacting on assessment and planning processes, the implementation of outcome-focused carer conversations is unlikely to progress. These contradictions and systemic issues must be addressed to ensure that what matters to carers moves from the periphery of systems to the centre. This will improve outcomes not only for carers and the staff who wrestle with systemic contradictions in endeavouring to support them, but also for organisations by supporting effectiveness and sustainability.

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Conflict of interest

The authors declare that there is no conflict of interest.

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