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' Outcomes' are defined as the impact, or end-results, of services on a person's life; therefore outcomes-focused services are those that aim to achieve the priorities that service users themselves identify as important. The Department of Health white paper Our health, our care, our say highlighted the need for services for all people, including older people, to be outcomes-focused. Based on well being and choice the outcomes important to all of us are:

- improved health and emotional well-being;
- improved quality of life;
- making a positive contribution;
- choice and control;
- freedom from discrimination;
- economic well-being;
- personal dignity.

The CQC essential standards of quality and safety detail 28 outcomes under six categories. All aspects of social care within a care home setting must be based on these regulations and outcomes in order to comply. The focus on outcomes is a move away from needs based care. I have researched outcomes based care against needs based care and I feel that outcomes based care considers the wants, feelings, needs and desired outcomes of the individual rather than focusing on just their care needs. With outcomes based practise there is guidance to consider what is important to the individual rather than what is needed for the individual.

1. 1 Explain ' outcome-based practice'

During the 1980's, the term "evidence-based" care surfaced to describe the approach that used scientific evidence to determine the best practice.

Evidence-based practice is a process that entails reviewing and instilling the most reliable and updated research in service user care. The goal of evidence-based practice is to provide the highest quality care while being most cost efficient. It is a process based on the accumulation, interpretation, and integration of derived evidence. This best available is applied to improve the quality of service user care. Consumers of health care are becoming more informed and ready to challenge authorities in health care, consequently, expectations of health care provisions continue to rise, as people are encouraged to take responsibility and become actively involved in health care decisions.

When intervention is needed, expectations are high, with the most appropriate and best treatment demanded (Berenholtz & Provosost, 2003). There are several stages that must be completed before evidence based practice can be incorporated into final practice. The first stage is generally known as the knowledge generating stage. In this stage, knowledge is discovered through traditional research and scientific inquiry. Summarizing the knowledge is done in stage two. At this point in the process the research is synthesized into meaningful and useful information. This information results from multiple studies which will give more credible results. The third stage results in the transformation of this evidence into practice recommendations and then integrated into practice.

1. 2Critically review approaches to outcome based Practice

Evidence-based practice represents a deterministic, prescriptive approach to practice. According to these definitions, knowledge is created by researchers, and handed to practitioners to be applied in practice situations. The second type of definition suggests that practitioners investigate practice problems, and assess research in accordance with their clinical judgment and then, thirdly, collaborate with their clients. Some define evidence-based practice with a focus not on the research, but rather on the practitioner; on her or his professional judgment, skills, and knowledge acquisition processes. These distinctions regarding the evidence and the role of the practitioner are but one area of debate concerning evidence-based practice. Evidence-based practice generally understood effort to direct practitioners to base their interventions upon formal research, promising benefits to both clients and practitioners.

During the empirical practice movement questions about the credibility, effectiveness, and efficacy of social work have been raised. EBP emphasizes science, and, by lessening reliance on professional judgment; offers a sense of certainty about social work interventions. Some suggest that evidence-based practice in particular is tied to neo-liberalism. In this context, evidence-based practice ensures that care workers provide high-quality services effectively

1. 3Analyse the effect of legislation and policy on outcome based practice

One of the most influential changes to legislation in social care has been 'Every Child Matters': ECM act helps children from birth to 19years of age and involves everyone who works with children and young people. Practitioners

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and staff always support children with all backgrounds, there are five outcomes in this act and these are be healthy – enjoying good physical and mental health and living a healthy lifestyle is important and schools need to play a leading part in health education. This includes questioning the value of snacks and the nutritional content of school meals. Stay safe – pupils need to feel that they are being protected from harm and neglect. Enjoy their lives and achieve their potential – pupils need to get the most out of life and develop the necessary skills for adulthood. Contribute to their local community – children and young people need to be involved in their local community and not engaging in anti-social or offending behaviour.

Achieve a good standard of living – pupils must not be prevented by economic disadvantage from achieving their full potential in life. We will have to develop strategies to enable all pupils to reach their full potential and to break the cycle of poverty. This will ensure that you are providing the right service in order to meet children’s needs. Staff will need to be aware of the services in detail to know which one to provide and offer. By knowing the policies and will therefore know the procedures as well which will help the children when it’s needed. Safeguarding legislation and government guidance says that safeguarding means; protecting children from maltreatment, preventing impairment of children’s health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and “ undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.”

1. 4 Explain how outcome-based practice can result in positive changes in individuals' lives

Involving the service user in shaping services continues to be an important activity within XXXXs policy. Each month I spend time with each service user and use materials to critically discuss the issues, challenges and benefits in involving the service user to shape and develop services. The emergence of the service user movement over the past 20-30 years has been one of the most important developments affecting social care policy. Up until this point, social care provision was largely shaped by politicians, managers, academics, planners and practitioners, with service users and citizens generally having little or no say (Beresford, 2001). However, there is now a substantial body of evidence to show that service users particularly value provision in which they have an effective say and control. There are two approaches that could be taken to help achieve this.

These are the consumer/managerialist and democratic approaches. The main aim of consumer/managerialist approach is to improve the efficiency, economy and effectiveness of services by drawing on the ideas and experiences of service users to improve management and decision making. However, this approach does appear to have its limits and seems to be merely concerned with collecting data rather than acting on the actual findings. The democratic approach on the other hand is more concerned with people's rights and entitlements and achieving direct change to people's lives, as well as individual action by enabling people to have more say over what happens to them.

2. 1 Explain the psychological basis for wellbeing

To the question “ What is psychological well-being, really?” the answer remains, at best, ambiguous in the care community. This is not due to disinterest or lack of initiative in the field. Indeed, despite seminal efforts to summarize knowledge about PWB gathered over the last 30 years understanding of this concept remains difficult and. As a result, a wide array of PWB conceptualizations, often with unexplained or unverified theoretical bases emerged concurrently. It is often on the sole basis of instrumentation that one can infer a study’s underlying conceptual model, and many papers overtly merge psychological distress and well-being under the PWB label without any conceptual or theoretical explanation.

A review of empirical and theoretical papers on PWB led to identify 23 operationalizations comprising 42 distinct dimensions and employing five slightly different wordings. While these myriad perspectives have provided a rich and diverse literature, they have also arguably led to great conceptual confusion regarding the definition and measurement of PWB. Despite the absence of consensus regarding the conceptual basis of PWB, three main research perspectives are acknowledged to be influential The hedonic approach

Studies PWB in terms of happiness and life satisfaction. The main operationalization of this approach is based on indicators of positive effect, negative effect, and life satisfaction. The eudaimonic approach

Considers PWB in terms of optimal functioning, meaning, and self-actualization. The most frequent operationalization for this approach is Ryff's model consisting of six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Despite these developments, there is still debate on how to best conceptualize PWB. Each proponent of the two first approaches has offered, in turn, legitimate criticisms for competing models. Since the state of research around this conceptual debate does not allow for a clear theoretical frame on which to base empirical work, some have suggested an integrative approach

to PWB as a viable third alternative in an attempt to reconcile the dual perspective of PWB, Ryan and Deci, followed by Keyes and his colleagues have suggested that it would be optimal to consider PWB as integrating these two research trends, since each perspective sheds a different light on the construct. To that end, it has been acknowledged that neither the hedonic nor the eudaimonic approach is sufficient in itself to explain the good life of individuals. Although such an integrative approach is appealing, little is known about its validity and superiority, and empirical support for it remains scarce.

2. 2 Promote a culture among the workforce of considering all aspects of individuals' wellbeing in day-to-day practice

At XXXX we use Person Centred Planning, (PCP), which came alive with the introduction of The White Paper, Valuing People, (DOH, 2001). Its main aim is to " identify person centred planning as central to delivering the

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governments four key principles, (rights, independence, choice and inclusion).” PCP is a way for individuals to have more input in their decision making, whether this includes basic day tasks and needs, to identifying future goals and ways that they can achieve these goals. To enable an individual to carry out a PCP they must have a “ circle of support” which involves anyone important in the individual’s life and also a facilitator, which is a neutral person who will assist the individual in making the PCP and ensure their thoughts and wishes are adhered to. A facilitator (we have four at XXXX) assists the person in guiding their circle through a process of discovery.

The person guides the plan and the facilitator is their assistant. “ The facilitator will remain neutral and help keep the process focused and flowing. They do this by asking questions of the person and assisting the person in asking questions of the group.” There are four main types of tools we use to develop a PCP. There are MAPS, (Making Action Plans), this is a planning tool that begins with the individual’s history. Maps ask a person to tell us some of the things they’ve achieved so far and what they would wish to achieve in the future. PATHS, (Planning Alternative Tomorrows with Hope), uses the person’s dreams as a starting point, a PATH is used to help plan the steps to achieve the individuals dreams and aspirations. The PATH helps to make clear any help that is, needed what steps are to be taken, and any goals to reach and so on. ELP, (Essential Lifestyle Planning), is a way to discover and describe •What is important to a person in everyday life and

- What others need to know and do so that what is important to each person is present while any issues of health and safety are addressed. An essential lifestyle plan is the document that comes from those efforts, but ELP is also the knowledge, materials and training that has come from over a decade of collaborative learning regarding the development and implementation of plans.