

Outcome based practise essay sample



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Outcome based practise is an activity or process that has a beneficial impact on the individuals life. It can be an action taken or a service delivered.

Another way to describe it is to say that the output is the effort made and the outcome is the effect on the individual. Outcome based approaches place the needs of the individual at the centre of service delivery, contrasting those designed by service providers. An outcome based practise is increasingly recognised it is important to listen to the individual and tailor services to their needs. This means developing flexible person centred planning is an example of a new approach with positive outcomes for individuals. The adult social care outcomes framework measures how well care and support is helping people with care needs, and carers., As well as helping local people and people who use care to understand their local authoritys performance, local authority's themselves can use the measures to help them improve standards of care, and give people choice and control over the service they use.

The ASCOF was developed by local and national government, and was first introduced in 2011/12. local and national performance and progress of the adult social care system. Over time it is hoped that ASCOF will show how care services are improving for example, by showing that more people are receiving personal budgets, or that self reported quality of life has improved. Recent reforms of the nhs alongside proposed changes in social care, are based on the need to improve services using outcome as a measure of performance. A focus on outcome based practise is a recognition that services must adjust to limited growth in resources while still delivering high quality. Over time outcome based practise is concerned with providing

services to respond to the goal, priorities and aspirations identified by individual. Encourage and support individuals to take control of their own assessment and support plan, so that it is tailored to their particular needs and circumstances. They support and empower the individual by providing ideas and information on service options. Research by Harris et al (2005) on an outcomes approach to assessment and review for people with disabilities found that assessment based on the social model of disability identified three dimensions that supported positive change.

Change outcomes, such as improving self care skills or building self confidence.

Maintenance outcomes, such as slowing down deterioration in the quality of life of individuals

Outcomes associated with the process of receiving services, such as feeling valued, being respected or listened to, What research found that service users who were assessed using an outcome based model were More satisfied with process as it allowed for broader assessment of their needs. Provided with enhanced choice and control over the assessment process

Service users who had no difficulty identifying a broad range of outcomes
Outcome based approach suggests more choice and control for the individual.

Psychological well being.

In government report, Huppert (2008) describes psychological well being as life going well for someone. A combination of feeling good and functioning

effectively.

Interests, engagement, confidence and affection.

Some control over your life.

Life having a sense of purpose.

Positive relationship.

Sustaining well being does not mean that an individual will feel good at all times. Experiencing painful emotions such as grief or disappointment is a normal part of life. Managing these negative or painful emotions is essential for long term well being maintaining a sense of psychological wellbeing and continuing to be socially engaged in later life is an important part of growing older in a healthy way. The link between a person's physical health and their sense of wellbeing is well established. Illness and chronic diseases reduce the sense of wellbeing. Wellbeing is also related to some extent to long standing traits of personality.

Research suggests that impaired fetal development, lower mental ability, certain personality traits, and an adverse environment in childhood increase the risk of later psychological distress. The development in childhood and adolescence of coping skills and the means to obtain and provide social support may help individuals deal more easily with the changes of ageing. However it is not clear how cognitive and psychosocial development during early life influence how people feel or how they function as they get older. Nor is it understood how circumstances and behaviour in adult life influence wellbeing at older ages. Personality traits, such as emotional stability, optimism, conscientiousness or sense of autonomy, may be important for wellbeing in later life not just because they determine propensity to distress

but also because they predict mortality. There fore engaging with staff, communicating the importance of good practise, and creating a culture of openness and trust among the staff team will send out signals of what is valued, which in time will change the service.

Creating a positive culture in a service depends ultimately on the quality of leadership and the commitment of senior staff to influence the culture through training, supervision and acting as role models and by supporting the principles and values of a quality service. We support individuals in away that increase their feeling of wellbeing. In order for individuals to have choice and control over services they receive, they need to be placed at the centre of decision making process. This shift of power to the individual from professionals is still an emerging movement. But has been strengthened by the government policies on personalisation and personal budgets, which is reinforcing the idea that individual is best placed to know what they need and how those needs can be effectively met (Duffy 2011)

In the 1990s there was an increasing realisation that carer's needs were ignored. This led to the carers Recognition and Services Act 1995. There has been a series of initiatives to highlight the central role carers play in the lives of individuals and emphasise their importance. This has now led to the recognition that carers constitute a third frontier in care delivery, whose contribution is estimated at approx £70 billion (Berry, 2011) Fair access to care services (FACS) prioritising eligibility for care and support. The Social care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United

Kingdom. We achieve this by identifying good practise and helping to embed it into everyday social care provision. SCIE works to:

Disseminate knowledge-based good practice

Guidance

involve people who use services, carers, practitioners, providers and policy makers in advancing and promoting good practice in social care enhance the skills and professionalism of social care. Putting disabled and older people at the heart of decision-making is central to government policy for adult care. The wellbeing of the individual is the primary principle of the Care Bill going through parliament. The Bill puts an emphasis on early intervention, prevention and enablement. people should have easy access to information and advise they can use to make their own decisions manage their support arrangements and stay independent as possible. There will be a new national framework for assessment and eligibility. This updated guide refreshes SCIE's 2010 Practice Guide ' Facts about FACS', on good practise in applying current policy on assessment and deciding eligibility. It takes account of changes in the policy, resourse and practice environments since 2010 including the strong emphasis on more integrated working with the NHS. And it makes links to the new provisions of the Care Bill, due to begin implementation in 2015.

No Secrets/In Safe Hands (Wales) This guidance gave social services a key role in coordinating local policies and services to protect vulnerable individuals from abuse and led to more collaborative working-a multi-agency approach. This impacted on care services and informed policies and practices, such as the requirement for staff training in this area. nine years

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later, the findings of safeguarding Adults report on the consultation on the review of No Secrets placed a new emphasis on prevention and the empowerment of individuals to maintain their own safety (Department of Health, 2009)The consultation found that safeguarding can be experienced as safety at the expense of other qualities of life. The report highlighted the importance of achieving a balance between safeguarding and the independence associated with personalisation in adult social care.

Vetting and Barring Scheme/ISA This initially arose from the soham murders and the subsequent Bichard Inquiry. it was set up to put additional checks on all those working with vulnerable individuals and supplemented existing schemes. From December 2012 the remodel will be known as the Disclosure and Barring Service. Local Safeguarding Adults Boards. These are multi agency boards led by social services. They ensure local policies comply with national policies and best practice. They encompass social services, health, housing, police and crown prosecution services (CPS), probation, emergency services and the voluntary sector. In 2011, The law Commission made a recommendation to put these boards on a statutory footing.

Vulnerable Adults

According to No Secrets Abuse is a violation of a person human and civil rights by another person or persons. Person aged 18 or over who is or may be in need of community care Services by reason of mental health or other disability, age or illness, and Who is or may be unable to take care of him or herself or unable to protect Him or herself from harm or exploitation

Safeguarding

Protecting them from maltreatment, preventing impairment of service users health or development, Ensuring that vulnerable adults are living in environments consistent with the provision of safe and effective care. Adult protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific service users who are suffering, or are likely to suffer. Significant harm. Effective protection is essential as part of a wider work to safeguard and promote the welfare of clients.

However all agencies and individuals should aim to proactively safeguard and promote the welfare of these vulnerable adults so that the need for action to protect them from harm is reduced. Some of the most common prevention interventions for vulnerable adults include training and education of vulnerable abuse. Other approaches identifying people at risk of abuse. Awareness training, information, advice and advocacy, policies and procedures, community link, legislation and regulation. Prevention needs in the context of person centred support and personalisation. With individuals empowered to make choice and supported to manage risks. Protocol for Reporting Abuse

Details of possible victim(s) using a unique code for the actual or possible abusers, The date they started using the service

The date of birth

Their gender their ethnicity

Any disability

Any religion or belief

Their sexual orientation

Their relationship between the abused and the abuser

All relevant dates and circumstances and witnesses using unique identifiers and codes Anything the registered person has done about allegation

Whether the allegation has been reported to local multi agency safeguarding arrangements and/or the police.

What is person centred practices

Person centred practise for older persons is treatment and care that places the person at the centre of their own care and considers the needs of the older persons carers (Victorian Government department of human services 2003) It is also known as person Centered care, Client -centred care. Person centred practice is treating service users as they want to be treated. This might include considering concepts such as dignity and respect. Curtin encapsulated this when he wrote we “ are human beings, our clients are human beings and it is shared humanity that should be the basis of the relationship between us Curtin 1979.

Why person centred practise important.

It makes sense that when you get to know the service user well, you can provide care more specific to their needs and therefore better care by promoting and facilitating greater service user responsibility, service users are more likely to engage in decisions, feel supported to make behavioural changes and empowered to self manage. A person centred practise could make a positive difference to health outcomes, and can improve ones sense of professional worth (Department of Human services 2006)

Major Concept:

Principles of person centred practice

1. Getting to know the service user as a person
2. Sharing of power and responsibility
3. Accessibility and flexibility
4. Coordination and integration of care by the service provider
5. Having an environment that is conducive to person centred care both for the service provider and service users. (Victorian Department of Human Services, 2006)

1. Getting to know the service user as a person: This focuses on building a relationship between clinician and service user and carer. Health professionals need to get to know the person beyond their diagnosis. 2. Sharing of power and responsibility: This focuses on respecting preferences. It includes treating as partners when setting goals, planning care and making decisions Public policy for the development of support for people ... commensurate With their needs and life or lifestyle ambitions. Own lives

(The Health Foundation 2012). Talerico et al 2003 Policy

Government policy recommends a collaborative and inclusive approach to service Delivery within social care. In his speech to the Community Care Live conference (May 2004, quoted in Wistow, 2004), Stephen Ladyman (then Parliamentary Under Secretary of State for Community) announced a new ‘ vision’ for social care, stating That services should be delivered and arranged in ways that are ‘ person-centred, Proactive and seamless’. This vision is taken further in the consultation paper, which States that the vision for adult

social care takes as a starting point: ... the principle that everyone in society has a positive contribution to make to that society and that they should have the right to control their own lives. (Department of Health, 2005)

Staffs supporting people in self care know what is important to the person and how best to support them. Written descriptions exist of what is important or to the person and how to support them. This may be written on one page profile or be more detailed. Person centred thinking tools as appropriate relationship circles to explore support, Networks or what is working and not working to review progress, there is evidence That this information is up todate and acted upon by staff, that staff are trained and supported to facilitate outcome focused reviews. The individual plays a central role in person centred approaches, from being consulted about how services are organised to delivery of their own personal care. Person centred care should be needs led and comprehensive so that it covers all aspects of health and social care.(Hasn, 2009) and a core element of all good practise. Certain values that help empower individuals are required.

Respect for the individual as a person

Ensuring their rights are maintained

Enabling the person independence as far as possible and safe

Ensuring that the individual has real choices

Helping the person to maintain their dignity

Personalisation

The person is an individual with strenghs, preferences and aspirations. the individual is at the centre of the process of identifying their needs and

making choices about how and when they are supported to live their lives. The individual has information, advocacy and advice so they are able to make decisions about care. However this can be difficult to achieve if they disagree with assessments made by professionals and do not want to comply with agreed ways of working. Biographical life story, life story is biographical approach that gives people the and opportunity to talk about their life experiences, their major life events are recorded and used to benefit them in health and social care work. Individuals are seen as having a past with real life experiences that can contribute to their assessment and care planning. it helps care workers see the person behind the patient. it can also bring back memories of disturbing events which can cause distress.

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