

## Outcome-focused care

Outcome-focused care builds resilience in adults because its focus is on “what matters” to the individual, building on their strengths and capabilities. Outcome-focused care identifies what goals an adult wishes to achieve and sets realistic outcomes that evolve with time as an adult’s condition changes. Conversations about outcomes should be meaningful, supporting formal and informal carers as well as the individual. An adult’s basic physical needs should be met as part of outcome-focused care as well as their social needs, allowing them to participate in and contribute to society and feel valued and respected.

## Assessment

Regulated by Social Services & Well-being (Wales) Act 2014.

Patient-focused with the individual at the centre of decisions.

Local Authority has a duty of care to carry out assessments.

Provision of services, such as health services, social and domiciliary care, aids and adaptations for independent living.

Can be face to face, by telephone or online leading to care plan.

## Individual needs

**Physical** (exercise, diet, medication, protection from harm, physical comfort); **intellectual** (cognition, stimulation engagement in activities); **language** (communication – verbal/nonverbal, More than just words, Active Offer, sign language, braille); **emotional** (privacy, dignity, psychological security, autonomy, feeling safe and secure); and **social** (social contact, social support, a sense of social integration).

## Barriers to accessing care

- eligibility (financial status, immigration status, permanency of address)
- geographical barriers (postcode, transport)
- resources (local funding, demand, cost of chargeable services)
- socio-economic status (lack of confidence, lack of money for transport, anxiety, psychological barriers, lack of education about health and social care services)
- language and communication (lack of information, dual language information/ bilingual leaflets, advocacy, braille and aids for hearing).

## Social Services & Well-being (Wales) Act 2014

- Voice and control
- Prevention and early intervention
- Well-being
- Co-production

## Transitions and life experiences

A movement from one stage or set of services to another: for example, moving from adolescence to adulthood and adulthood to older adulthood; becoming a parent or grandparent; becoming a widow(er) through loss of a partner; retirement from work.

Changes that come from knowledge and experience: developing friendships; meeting a partner; promotion at work; going through bereavement; developing skills; understanding and wisdom.

Additionally, developing an acute or chronic health condition; loss (dementia, sight, hearing, independence); moving to a different place; becoming a refugee/homeless.

## Complex care needs

Approximately 1 in 4 adults have more than one serious health condition and in an ageing population, this is even higher. Having multiple health conditions leads to complex care needs, requiring support from various health professionals. Complex care needs because of multiple health conditions leads to premature death, a poorer quality of life, more outpatient visits, and an increase in medical support.

Complex care is a person-centred approach to an individual who may have a combination of medical issues, mental health and/or behavioural issues and social issues. A central care plan should be in place to manage complex care needs so that care needs are assessed, and care services are planned, implemented, monitored and evaluated as needs change.