

Good enough outcomes

In many cases there will be a range of possible interventions that might support a person to meet their desired outcome – and the personal preferences of the individual must be taken in to account when planning how the outcome is met (DH, 2016). However, there is also a need for Local Authorities to ensure that funding is managed in such a way as to ensure it is sufficient to meet the needs of the entire local population – finding a balance between maximising achievement of the desired outcomes and delivering value for money.

This tool is designed to help practitioners weigh up which option delivers the outcome desired, in a way that is acceptable to the person in terms of their wellbeing, for the best value.

Case study – Martha

Martha is a 71 year old lady with rheumatoid arthritis. She is able to manage short distances, for example the 5 minute walk, to her local shops. Her fingers and wrists are particularly badly affected and her grip is quite weak.

The conversation with her social worker has highlighted that she is able to strip wash daily and uses a walk in shower at her daughter's home once a week – she said “I loved having a right good soak in some bubbles but a shower is all I can manage safely now and I can live with that”. She is not able to use her bath or her over bath shower safely because she is unable to turn the taps on or off and she has no grab rails. When strip washing she is finding it more difficult to clean her lower half sufficiently to prevent urinary infections (UTIs) and breakdown of skin integrity around groin / bottom.

When discussing other aspects of her life Martha mentioned that she used to go swimming every day with her friend Elsie but stopped going when Elsie died. She said “I miss swimming but I haven't been since Elsie passed away. Elsie and I had some good friends who used to go on the same day as us. We'd sometimes go for coffee afterwards. They'll be wondering what's happened to me!”. When asked how she would feel about going swimming again without Elsie she replied, “Well at first I didn't want to go because I missed her. But now I don't go because I know I can't work the locker or the shower in the communal bit, it's too fiddly with my fingers. I can't even get the lid off my shower gel – Elsie used do those things for me and I am fussy about who I let help me”.

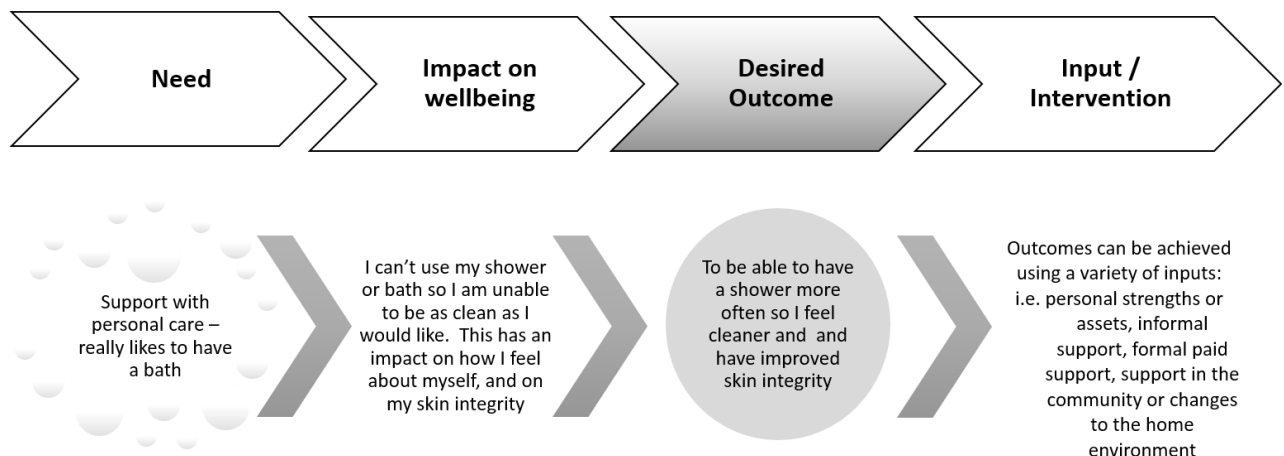
Martha doesn't want to ask her daughter if she can shower at her house more often as she said “I don't want to put on her. She works part time and has the grandchildren the other weekdays so I'd feel like I'd be a burden. I just go on a Sunday and she helps me have a shower before we have lunch - she makes great Yorkshires”.

The social worker is aware that there is a day centre a short distance away from Martha's home where there are bathing facilities. The gym where Martha and Elsie used to swim is about two miles away on a bus route.

In the example above the outcomes might be delivered in a number of ways:

- via the support network
 - making use of the strengths and assets of family, friends and local community
 - introducing formal paid support, such as a personal assistant, domiciliary care or day opportunities
- via the environment changes to a person's home in the form of aids, equipment or adaptations.

Any of these options could potentially provide support to enable the desired outcome to be achieved and so impact on Martha's wellbeing to some extent. What would be important would be to find out from Martha which would impact on the areas of wellbeing which are most important to her.



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'Good enough' outcomes

Thinking about the need illustrated above and using the information from the case outline identify:

- some potential inputs/interventions that could support Martha towards achieving her desired outcome

Then, assuming you have discussed these with Martha first, rate the inputs / interventions according to:

- a) the extent to which each might support achievement of Martha's outcome and have the greatest impact on her wellbeing
- b) which you think Martha might prefer, feel was acceptable, really not like; and
- c) the likely cost of each.

Use this table to support your analysis and decision making.

Possible input / intervention	Supports outcome / wellbeing (1=entirely, 5=not at all)	Preference (P=top choice; OK = acceptable; X = really wouldn't like this)	Estimated cost
	1 2 3 4 5	P OK X	
	1 2 3 4 5	P OK X	
	1 2 3 4 5	P OK X	
	1 2 3 4 5	P OK X	