

Outcome-Focused, Person-Led Care

Supporting people living with a learning disability to lead the life they choose.

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FOUNDATIONS

What is an outcome?

An outcome is the **difference that support makes to a person's life** — not the task we carry out.

OUTPUT · what we do

- Hours delivered, visits and tasks completed
- “Supported the person to cook a meal”
- Describes the activity of the service

OUTCOME · what changes for the person

- More independence, choice, wellbeing, connection
- “I confidently prepare meals I enjoy and eat well”
- Personal, meaningful and defined by the individual

THE CASE FOR CHANGE

Why outcomes matter

Life, not just care

The focus shifts to the person's life — not only keeping them safe, clean and fed.

Dignity & independence

Builds choice, confidence and self-reliance, and prevents learned helplessness.

Better wellbeing

Support aimed at goals improves quality of life and how people feel day to day.

Evidence of impact

Regulators expect proof that support changes lives — not a record of activity.

Purposeful resources

Time, money and effort are directed at what genuinely improves a person's life.

HONEST REFLECTION

Why care services fail on outcomes

1

Task-and-time culture

Rotas and checklists take over — the priority becomes “getting through the meds round.”

2

Measuring activity

Services count tasks / activities completed instead of asking what actually changed.

3

Doing for, not with

Risk-averse habits remove independence by doing things people could do themselves.

4

Plans gather dust

Care plans become static documents that are written once, “reviewed” but rarely revisited.

5

The person's voice is missing

Families and professionals decide; the individual is talked about, not listened to.

6

No time, training or permission

Staff aren't enabled or supported to focus on goals rather than tasks.

WHERE PLANNING BEGINS

Start with outcomes, not needs

NEEDS-FIRST

Starts with what a person can't do

- Begins with deficits and a list of problems to manage
- Reduces the person to a diagnosis or set of tasks
- Support can feel done to the person, not chosen by them

OUTCOMES-FIRST

Starts with the life a person wants

- Needs become the steps to reach the outcome — the means, not the goal
- Keeps the person, not the condition, at the centre
- Every task connects to something the person values

Ask first:

“What does a good life look like for you?”

Then plan the support to get there.

THE QUESTION THAT CHANGES EVERYTHING

Not *“What’s the matter with you?”*

“What matters to you?”

is the most important question we can ask.

1

Shifts power from the professional to the person

2

Surfaces what gives life meaning — relationships, routines, ambitions

3

Reveals goals a needs assessment never would

4

Must be asked again and again, in accessible ways

PERSONALISATION

Beyond the standard list of care tasks

One-size-fits-all templates produce near-identical plans for very different people.

Personalisation means the plan reflects this person — their words, their life, their choices.

STANDARD CARE PLAN

- Generic routines copied between people
- Describes tasks, not aspirations
- Written once, then fixed in place
- Service language the person may not recognise

PERSONALISED PLAN

- Built around this person's life and goals
- Written in the person's own voice and accessible formats
- Describes what “good” looks like to them
- Flexible — it grows and changes as they do

DIGNITY OF RISK

Embracing risk as part of life

The goal is not a life with **no risk** — it's the **right risk, well supported.**

A right we all hold

Taking risks is how everyone learns, grows and lives a full life.

Positive risk-taking

Weigh the benefits to wellbeing, not only the dangers to be avoided.

Over-protection harms

Removing all risk also removes choice, confidence and independence.

Assume capacity

Support people to make their own decisions and to take informed chances.

A PROPORTIONATE APPROACH

Identify, assess, mitigate, manage



Identify

Name the risk together with the person — what could happen, and to whom.



Assess

Weigh likelihood against impact, and the benefits against the potential harms.



Mitigate

Put in the least-restrictive measures that still keep the goal achievable.



Manage & review

Record the decision, monitor it, and adjust as circumstances change.

The person must be involved at every step — decisions must be proportionate, agreed and written down.

EVIDENCE THAT IT WORKS

Outcome monitoring: the role of records

- Records are the evidence that support is making a difference
- Good records capture progress towards outcomes — not only the tasks completed
- Good records note what the person said, chose, achieved, and what changed
- Good records reveal trends and flag when a goal has stalled
- Make them personal, factual, strengths-based and accessible

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If it isn't recorded, it didn't happen.

Clear records protect the person and underpin every safeguarding decision and review.

CLOSING THE LOOP

Outcome measuring: the role of reviews

- Reviews should ask one key question: is the person closer to the life they want?
- Regular and person-led — the individual leads, it is not a paper exercise
- Use the records and evidence to measure progress against agreed outcomes
- Celebrate what's been achieved, then revise or set new goals
- Adjust support — scale it back where independence has grown

1 Outcome

2 Support

3 Record

4 Review

↓ *then begins
again*

GET IN TOUCH

Thank you

Let's keep the conversation going.



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