

Critical reflect upon the concept of Person-Centred Practice within Health and Social Care and its implication for service users, justifying your conclusions.

This essay will be exploring what person-centred practice is, who it aims to support and how it works. This essay will be focusing on how person-centred practice impacts looked after children, whether person-centred practice is beneficial for them, identifying whether there are other methods which are more advantageous for looked after children, and what services and organisations are there to support the client, and exploring whether they work in person-centred approach. This essay will be exploring what the possible barriers may be that prevent person-centred practice from being successful in regards to looked after children within the United Kingdom, assessing their age and ethnicity, and whether this is a contributing factor. This essay will also be looking at whether funding is an issue with services not being able to reach their full potential with supporting looked after children. This essay will also be identifying what pieces of legislation are available to support looked after children and whether they apply to person-centred practice. This essay will also be exploring whether a professional advocate is an appropriate professional to be involved with working with looked after children, whether they would be beneficial in that type of situation, and whether they work in person-centred approach.

Person-centred practice (PCP) is an approach that is used by professionals that is purely person focused, and aims to make the individuals the main priority in the decision making, while promoting independence within the client and autonomy (NHS WALES, n.d). This particular method provides the client with a choice in what happens to them and what decisions are made that concern themselves, while their needs and own personal views are always taken into account, while also including family members in the process. This method recognises that each person is an individual, therefore is carried out in a holistic and safe approach, resulting in positive and desired outcomes for the client (NHS WALES, n.d). The approach is delivered in a way where the client, their family and their carers are the top priority when making decisions and future plans in regards to their health, and viewing the client as an equal when making decisions, ensuring they are working together (NHS WALES, n.d).

Person-centred care also aims to increase the knowledge, understanding, confidence and skills of the client in order for them to have the ability manage and make better informed decisions regarding their own health and care needs, while supporting and empowering individuals to support their own health needs more independently in order to maintain their own independence and have the lives that they desire (NHS, n.d).

Person-centred practice and looked after children, may be considered as going hand in hand and a preferable method to use when working in this area. Firstly, who is a looked after child? A looked after child is a child who has been in the care of the local authority for more than twenty four hours. These children are often referred to and known as children in care, and their living circumstances come under three different categories, either living in a residential children's home, living within residential settings such as a school or a unit, or living with foster parents (NSPCC Learning 2020). There are several reasons as to why children may enter into the care system, some of which include the child might be an unaccompanied asylum seeker with no accountable adult to take care of them, if a parent or parents of the child or children feel they are too unwell to take care of their child, if the child has a disability or the child is in need of respite care, then the parents or parent may agree to have their child or children taken into care. Finally, children's services may have had to step in and intervene if they believed that the child was at risk or serious harm, in this situation this outcome is usually made due to a legal order from the courts (NSPCC Learning 2020).

The majority of children who are taken into the care system state that it was a good experience and evidently, was the correct choice for them according to Biehal (2014 cited in NSPCC 2020). Clearly, looked after children and the circumstances to which they ended up in the care system are all varied, and all come from a range of backgrounds, although further research provides evidence as to why looked after children are considered a vulnerable group. As previously stated, there are several reasons as to why one may end up in the care system, however, one of the main reasons is due to the child being abused and neglected. Due to this, the experiences that the child is forced to go through can result in them having complicated emotional and mental health needs, which can then heighten the risk of them being vulnerable to abuse according to Bazalgette, Rahilly, and Trevelyan (2015 cited in NSPCC, 2020). Looked after children can also lack stability, due to them continuously moving between foster homes or residential children homes, which has proven to be detrimental to the child's mental health and well-being. Which can result in them finding it difficult to maintain and develop a stable relationship with the individuals who can help, care and protect them. As stated previously, they may find it difficult to form stable relationships with adults who can protect them, another reason due to the abuse and neglect they may have experienced also results in them sometimes displaying behaviour that may be considered challenging, which proves to be another barrier in forming relationships with their peers that could be positive for them (NSPCC, 2020).

Referring to person-centred practice (PCP) and looked after children, does this approach work? Considering that PCP aims to make the individual the main focus, it may be considered that this particular method would be favourable among the children, as it ensures that their wants and needs will be the main focus, ensuring they are always part of the decision process. However, there may be certain barriers that prevent pcg being effective, and may require additional services to enable this process to be successful. Many children who are taken into the care system have been at serious risk of abuse and neglect, or have unfortunately experienced it. Due to this, a major barrier would be a language barrier, between the professional and the child. The child may have additional language, speech and communication needs that have not been identified, making it challenging for the child to understand language and to use language, making it unlikely that the professional and child have the opportunity to have a cohesive conversation, which is essential in the person centred practice approach (ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS, n.d). Some children may have issues with their communication due to the environment in which they have been raised in, as well as many undergoing a social disadvantage and poverty, where forty percent to fifty six percent of children in disadvantaged areas starting education with very limited language (ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS, n.d). The impact of language barriers with looked after children could be considered as highly detrimental, as they may find it challenging and extremely difficult to understand what a professional is saying to them and asking of them, while also finding it difficult to get their wishes across to the professional, with many looked after children struggling with social communication skills, controlling emotions, vocabulary, and self awareness (ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS, n.d). The language barrier in this scenario would prove to negatively impact the success of PCP, due to the individual, in this case the child, requiring the ability to be able to work well with the professional, by expressing what they wish to happen and what they want for themselves, as well as understanding what is required of them for this process to be successful, therefore showing a level of understanding in regards to what the professional says. In this situation, outside services may be required, such as a speech and language therapist, who would play an imperative role for the child and the success of PCP, by helping to identify what the child wants to say and get across, while also supporting the child to adjust their communication and listening skills (ROYAL COLLEGE OF SPEECH AND LANGUAGE

THERAPISTS, n.d). This will encourage more positive outcomes for the future, by encouraging a better mental health and well-being, and to detach these barriers for their future. Also, the speech therapist would attempt to eradicate the risk of negative verbal behaviour towards staff who are there to help the child, and lessen the risk of their communication needs resulting in them facing negative outcomes, such as participating in crime (ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS, n.d).

Continuing in the direction of identifying barriers that prevent PCP being successful with looked after children, ethnicity may contribute to being a barrier for PCP being successful for a few reasons. It appears that the majority of looked after children are mainly white, on the seventeenth of March twenty seventeen, seventy five percent of looked after children were white, while seven percent were black or black british, nine percent were of mixed ethnicity, three percent were of other ethnic groups, and five percent were asian or asian british (Department of Education, 2017). Due to the increase in unaccompanied asylum seeking children (UASC) who is a child or young adult, under the age of eighteen, and has been separated from their parent or parents, or does not have a responsible legal guardian, leaving them with limited options and must apply for asylum in their own right, as there has been an increase in these circumstances, there has also been an increase in just over five years of children of non-white ethnicity going into the care system (Department of Education, 2017). Since the thirty first of March twenty seventeen, there has been a six percent increase of UASC since the previous year, and the reason for many becoming looked after children are due to sixty one percent being abused or neglected, seven percent was due to parents not being present, eight percent was due to families were considered being in dire stress, and fifteen percent is due to the family being considered dysfunctional (Department of Education, 2017).

Comparing statistics from 2014 to 2015, there was a fifty six percent increase in applications unaccompanied asylum seeking children, compared to the previous year, with the largest amount applying from Eritrea, and the second most applying from Afghanistan in the year 2015. Sixty two percent of UASC were between the ages of sixteen and seventeen, while eight percent were the age of fourteen years old (Royal College of Paediatrics and Child's Health, 2019). A UASC is given the same rights as any other child within Britain, and these rights include access to education, finance, accommodation, health assessments and sufficient support. It is highly important to consider the fact that UASC come from countries where English is not their first language, and may not even speak any English at all, therefore causing a language barrier between the professional and the child, making PCP near impossible to achieve. In this situation, outside support services would be required to ensure the success of PCP for the young individual, such as a culturally appropriate, registered interpreter (Royal College of Paediatrics and Child's Health, 2019). The interpreter will be there for things such as assessments, and to relay information to the child, and they can be present to discuss care plans and the wants and needs of the child, to ensure they also get the opportunity to express their wishes with an individual present who is able to relay this information (Royal College of Paediatrics and Child's Health, 2019).

Although an interpreter is a highly beneficial addition when UASC are faced with a language barrier and the professional, many of these children may also be suffering with mental health issues due to possibly suffering from previous traumas or trafficked to the the United Kingdom (UK), and may be suffering from post traumatic stress disorder (PTSD), therefore will require more than an interpreter, such as mental health screening and a referral may need to be made to Child and Adolescent Mental Health Services (CAHMS) where appropriate (Royal College of Paediatrics and Child's Health, 2019). PCP is a useful tool for working with children, and may be considered beneficial to UASC as they will really require a person-centred approach after suffering from severe trauma and having to

come to another country, which is a dramatic change to their entire life, however, it may be equally as challenging for the professional to ensure PCP is successful in this type of situation, as several outside services will need to be brought in and will be difficult for the professional to personally communicate with the child because of the major language barriers. Although, PCP should still be able to be successful, even with all the outside support required, as it states it is the individual who is focused on and their needs will be met, so these factors should not be detrimental and should not be an excuse for effective PCP.

Another barrier that prevents a looked after child from successfully accessing PCP is suffering with mental health issues. Moving a child into care can be a traumatic experience for the child, resulting in them feeling insecure and alone, with nearly half of children in care being diagnosed with a mental health disorder, in comparison to ten percent of their fellow school peers (MENTALLY HEALTHY SCHOOLS, n.d). Many children and young people experience issues with their mental health, with one in ten children having a diagnosable mental health issue, which is equivalent to three children per class room (Barnardo's, 2021). Charities such as Barnardo's recognise these issues and believe in early intervention, and run a variety of services which support a child's emotional well-being, such as one to one counselling, which may help to support the child if they are suffering from depression or anxiety due to their situation, and in the long term would help when they are working with a professional who wishes to use a PCP approach, as counselling may empower them to be more confident and to acknowledge their issues in order to solve them through the use of PCP (Barnardo's, 2021).

Nadhim Zahawi, the Minister for Children and Families stated "Children in care are some of the most vulnerable in society and have often experienced traumatic events, so it is vital they receive care and support that is tailored to their needs. We want to improve support for every child in care and these pilots will help to provide high-quality mental health assessments when children enter the care system and make sure the right support is in place.", after releasing ten new pilot schemes in 2018 which aim to improve new mental health assessments and are considered 'high quality', to ensure children are assessed at the correct time, and the centre of attention is on their individual needs as they enter the care system (GOV, 2018). The pilot's desired goal is to recognise what the child's mental health needs are, while assessing if the child requires further support and a referral can be made to a specialist (GOV, 2018). This new scheme is working with well known children's charities and organisations such as the NSPCC, Action for Children and the Anna Freud Centre, and the programme will be identifying what type of professionals need to be involved and exploring what type of practice will be best to ensure that looked after children are treated as unique individuals, and each child's personal needs are the focus (GOV, 2018). This new scheme evidently appears to be a person-centred approach, ensuring that the individual, who is the looked after child, is the main focus in this new pilot scheme, considering each child as an individual, and ensuring they have their needs and wishes met. The new assessment hopes that it will be able to decipher what is the best form of support for the child, in order for them to achieve their desired goal, and are able to independently make these decisions, even if they do require support for their mental health needs. This scheme would be ideal for a professional to refer to when working in a person-centred approach, if the child has mental health needs. Perhaps an advocate could be introduced to ensure that the child is empowered and has agency, so they can rely more on themselves to ensure their voice is heard, rather than having a variety of services speaking for them. This scheme also seems to only be focused on mental health issues of looked after children, while there can be many other issues where children may be faced with barriers to receiving the best support, and perhaps they need to be looked into more.

Funding may also be a contributing factor for services not working to the best of their ability, which would mean that looked after children are not achieving agency and empowerment. The reason for this given by services is that the demand for their services has massively increased, for example, child protection services have stated in 2019, that there has been a one hundred and thirty nine percent increase in enquiries in just over 10 years, and during this period there was a major increase of over eighteen thousand children on child protection plans (Local Government Association, 2021). In the years 2017 to 2018, the amount of children entering care reached its highest number, which was 75,420, which had been the highest in over an eight year period, meaning an estimate of eighty eight children were entering care each day. Even with the significant rise in cases, funding has been cut and in the years 2018 to 2019, over seventy hundred and seventy million pounds had been over spent on children's social care due to the increasing demand (Local Government Association, 2021). Due to the lack of funding, would PCP always be possible when working with looked after children in the UK? Considering the major increase of children entering the care system, and how much money is being spent on other services, PCP may not always be possible.

Looking at legislation, the Social Services and Well-being (Wales) Act 2014 is a specific piece of legislation which aims to support and protect the looked after child from further risk and harm, and is made up for four core principles in which it follows (WLGA, 2021).. The Social Services and Well-being (Wales) Act 2014 appears to be focused on the individual, aiming to fulfill their needs and wishes, making them the priority and ensuring they have a voice, and having control over future outcomes. The Act supports individuals to achieve their own well-being and positive outcomes. This Act also pursues to have preventions in place, to attempt to intervene earlier in order to ensure the necessary procedures are in place before situations get worse, and, this Act aims to work together in collaboration with other services across Wales to ensure the individuals receive the best support and achieve a desired outcome (WLGA, 2021). Evidently, this Act appears to work in a way that is very person-centred, always with individual at the core of everything that is done, and would well work well to support looked after children, as it also works in collaboration with other services that provide looked after children support, therefore fits in well for a professional working in a person-centred approach.

Another form of support for looked after children is the use of a professional Advocate. An advocate will follow the Advocacy QPM's code of practice, which states an advocate is to practice in a person centred approach, with the purpose that the support the advocate provides is in line with the individuals wishes. The code of practice also states that the advocate must not pursue actions without taking direct instructions from the individual, who will state what they wish to gain from the process and how they would like to proceed, it must be client led (Advocacy QPM, 2014). The advocate is also instructed to work in unison with the client, working together on plans and exploring the desired outcomes in a partnership, only ever taking instructions from a third party when the client lacks capacity, which then means the advocate is expected to work in a non-instructed role guided by the Mental Capacity Act 2005, still working with the aim to achieve what is the best outcome for the individual (Advocacy QPM, 2014). An advocate would be beneficial to looked after children in terms of support with care plans and helping the child to understand legal terms, and to make sense of the situation, while also ensuring to get the child's personal wishes across. Perhaps more funding should be applied to ensuring looked after children are always provided with an advocate when entering meetings, so that they have the assurance that there is always a professional there who is there to simply be there for them and to hear what they want, rather than to guide their actions.

To conclude, person-centred practice is clearly a method with nothing but good intentions. PCP aims to provide the best care and support for whoever is receiving the support. Its method is logical and sees every person as a unique individual and considers their personal wants and needs, while taking into consideration that each person needs something different, and aims to achieve their desired goals. Reflecting PCP to looked after children is more challenging as it is such a broad area, where a variety of situations and different circumstances come into force. While considering that looked after children can be from the range of ages from zero to eighteen years old, PCP will be a different experience for all children depending on their age. What also plays a large factor is the circumstances in which a looked after child entered into the care system. As stated above, there can be many factors, and due to many being abused and neglected, this can leave the child with barriers with their speech and language, making it challenging for them to interpret what a professional may be trying to tell them, and also will find it difficult to get what they wish to express across to the professional because of these barriers. As well as UASC having a different form of language barriers and suffering with possible mental health issues, this can be a prevent successful PCP from taking place, as well as a large number of looked after children in the UK experiencing a range of mental health issues, they may also be unable to express their wishes and needs to be a professional. Evidently, if PCP is to be successful with looked after children, other services are going to need to be brought in order to work sufficiently with the child and to ensure their voices are being heard and their personal views on the process is being considered. Without the additional services stepping in, PCP would prove to be unable to go ahead in this area, however this may not be possible or sensible in terms of funding. As stated above, there is evidently a huge lack of funding when it comes to children's services. With services already struggling with funding, and having to overspend by millions of pounds, PCP would likely increase the overspending due to the practice being tailored to meet every individual's standards and expectations. However, it is essential for looked after children, whatever their circumstances may be for entering the care system, to have a professional advocating for them, to ensure they receive the best out of their situation and genuinely receive what they want and need, and to achieve this PCP appears to be the only solution to ensuring that the child is the true focus, and spending more funding on approaches like PCP for looked after children can only be considered a positive outcome.

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