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Course Companion for BTEC Level 3 Health and Social Care

Unit 12: Supporting Individuals with Additional Needs

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Teacher's Introduction

This course companion is for **Unit 12: Supporting Individuals with Additional Needs**, part of the BTEC National Award in Health and Social Care. The aim of this resource is to guide students through the core content of this unit, providing students with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this unit, which involves demonstrating an understanding of how additional needs are determined and how support can be provided to those with additional needs.

For clarity and ease of use, the content of this course companion matches the order of the specification points. The content is structured as follows against the unit's learning aims:

- **Learning Aim A:** Students should understand the reasons that someone might experience additional needs in different areas.
 - **Section A1:** Diagnosing or determining additional needs
 - **Section A2:** Cognitive and learning needs
 - **Section A3:** Physical and health needs
 - **Section A4:** Social and emotional needs
- **Learning Aim B:** Students should understand different ways that people with additional needs can be supported to overcome challenges to daily living.
 - **Section B1:** Definitions of disability
 - **Section B2:** Minimising environmental and social challenges
 - **Section B3:** Minimising personal challenges
 - **Section B4:** Attitudes of others
- **Learning Aim C:** Students should investigate current practice relating to providing services to those with additional needs.
 - **Section C1:** Professionals involved in supporting individuals with additional needs
 - **Section C2:** Support and adaptations for individuals with additional needs
 - **Section C3:** Financial support for individuals with additional needs
 - **Section C4:** Statutory provision for children with additional needs
 - **Section C5:** Statutory provision for adults with additional needs
 - **Section C6:** Person-centred care for all individuals with special needs

Throughout the resource, there are key features to keep an eye out for:

 <p>Keywords: used to draw students' attention to various keywords throughout the unit.</p>	 <p>Did you know? Provides further information and additional content to inspire students.</p>	 <p>Case studies Help students to apply the issues identified in the resource to real-world scenarios.</p>
 <p>Applied activities encourage application of knowledge to the case studies or to real-world scenarios in the health and social care sector.</p>	 <p>Research activities inspire further research and stretch and challenge higher-ability students.</p>	

Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework.

There is also a set of **revision questions** provided at the end of each section (with answers included). These should help students recap their knowledge throughout the course companion, and will ensure that they have understood what they have read.

September 2019

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Chapter A: Why individuals may experience

A1: Diagnosing or determining add

This section will give some information on general definitions of differing levels of an overview of standard aspects of the diagnostic procedure. However, you should approach taken to diagnosing an additional need will largely depend on which additional This is because the person making the diagnosis will need to look for evidence of between conditions.

Definition of learning disabilities

A learning disability is defined by the charity Mencap as being an enduring (e.g. a abilities. Each person with a learning disability is affected differently, and has different instance, one person with a particular learning disability may be unable to communicate a minimal impact on another person's ability to communicate.

There are many different causes of learning disabilities. Learning disabilities may be present at birth, due to genetics (e.g. **Down's syndrome**) or due complications during pregnancy or birth. They can also be caused later in life as a result of illness (e.g. **meningitis**) or accidents, and sometimes there is no known cause.

Severity of learning disabilities

Due to these individual differences, it is hard to draw clear distinctions between different levels of severity of learning disabilities. In the past, classifications were based on the basis of IQ test scores. Now, a more holistic assessment is made of the person which takes into account their individual circumstances and ability.

Indeed, the **DSM-V** recommends that classifications of learning disability severity are made on the basis of 'adaptive functioning' – the social, practical, and conceptual skills which contribute towards normal life functioning – rather than IQ scores.

- **Mild learning disabilities**
People with mild learning disabilities are affected minimally. This means that there is a limited impact on communication, and independent living is usually possible. However, skill learning may take a little bit longer than it would for someone without a learning disability. Due to the minimal impact on skills and abilities, many people with mild learning disabilities go undiagnosed.
- **Moderate learning disabilities**
There may be more of a need for support to communicate effectively, but people with moderate levels of learning disability can usually manage to meet their core needs in some way. Support can also be provided to people with moderate learning disabilities with their daily living tasks, but many people can learn to do many of these things for themselves. Some assistance may also be needed for safe mobility.

DSM-V

The fifth edition of the Statistical Manual of Mental Disorders (DSM-V) is the official set of criteria for the diagnosis of mental health conditions.

Down's syndrome is a genetic condition caused by a change in the number of chromosomes, which results in various physical and learning disabilities.

Meningitis is an infection of the protective membranes covering the brain and spinal cord, which can cause inflammation.

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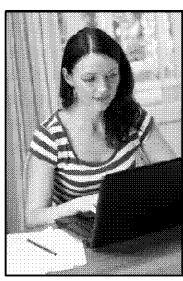
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- **Severe learning disabilities**
Speech and communication ability is either non-existent, or minimal. People are likely to need lifelong support to carry out daily activities, to attend to personal needs and to move around safely. Social skills are also likely to be limited, and people may find learning difficult.
- **Profound learning disabilities**
The acronym 'PMLD' stands for 'profound and multiple learning disability', a very severe level of learning disability, alongside the presence of other disabilities (such as hearing and/or mobility impairment). As a result, many people with PMLD have very little communication and understanding ability. A high degree of care and support and assistance is needed in nearly all areas of their lives.

Case study

Martha, 34, is an educational psychologist and she recently tested Adrian's IQ as part of an assessment to receive additional support. His score was found to be at the lower end of the 'normal' range of scores. Because of this, Martha is not sure whether Adrian is eligible to receive services, although she is concerned that he is not able to function independently.



Applied
Read the text and think about what you are Martha. What information do you need to look at? What has Adrian's score added to your understanding?

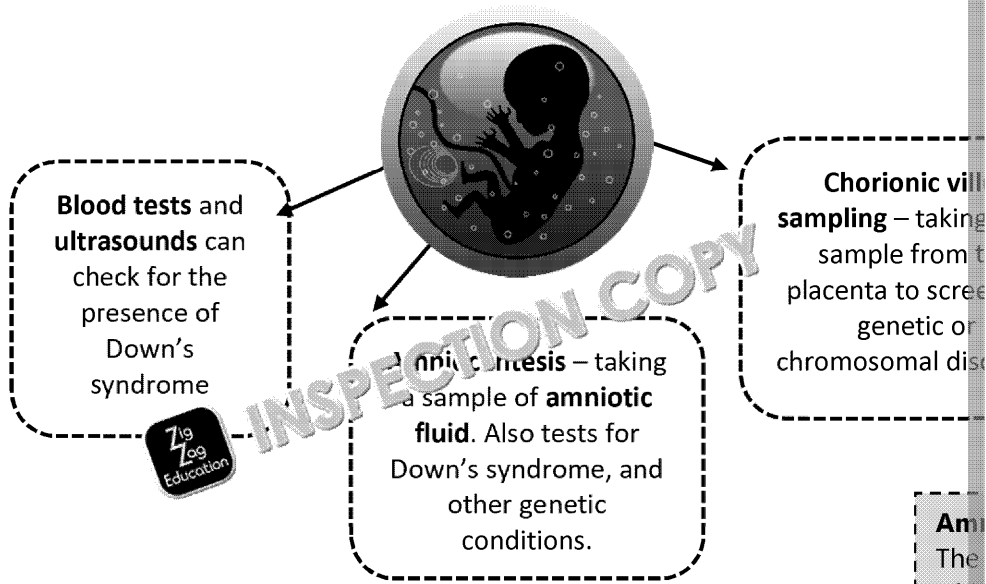
Diagnosis

The diagnostic procedures followed will largely depend on what type of disability is suspected – each condition has its own set of criteria that must be met for a diagnosis, and may require the involvement of a different health professional with the relevant expertise.

Procedures

As noted above, the procedures involved in diagnosing disabilities will vary depending on the suspected condition. However, there are some methods that are commonly used in unborn babies and very young children. Look at the diagrams below to see some diagnostic methods, and what they can help to identify. You may wish to look some of them up in greater detail.

i **Did you know?**
Both age and sex are taken into account when calculating the age of development. For instance, a child aged 40 are considered to be 40 with skills.



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Newborn and infant physical examination (NIPE) screening programme – checks for problems with eyes, heart, hips and testes

Hearing tests – discovering hearing problems early can support more positive development

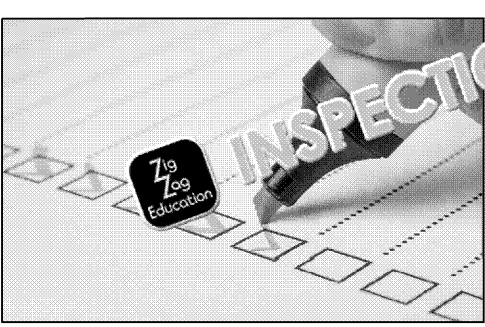
Heardirect – blood test which screens for a range of inherited disorders

Tools

Sometimes, screening tools, such as checklists and questionnaires, will be used to aid diagnosis. These will be used to check that the main features of the disability or condition (for example, all the necessary physical symptoms or behaviours). Checklists can be used as a quick way to examine whether all the symptoms are present, and could be used by many different people. Look at the table below to learn about a few examples of tools which could be used during the assessment of learning disabilities (alongside clinical

Tool	What does it do?
Wechsler Adult Intelligence Scale, 4 th Edition (WAIS-IV)	This is an IQ test which means a measure of general intelligence. It consists of subtests which examine cognitive abilities such as reasoning, general knowledge and processing speed. A score commonly taken to indicate a possible learning disability is below 70.
Adaptive Behaviour Assessment System, 3 rd Edition (ABAS-3)	This examines an individual's abilities across 10 areas of daily living and practical skills, including self-care, communication, and health and safety. A severe impairment in these areas may indicate the presence of a learning disability.
Vineland Adaptive Behaviour Scales, 2 nd Edition (VABS-2)	This is an alternative assessment tool for adaptive behaviour. It covers four key areas, which are communication, socialisation, daily living skills, and motor skills.

It is worth bearing in mind, however, that these tools are not perfect and will not always give a definitive answer. Due to their brief and simplified nature, many checklists fail to take into account the unique circumstances of each individual, which will affect their diagnosis. You should always be cautious and tested for its quality before using it – is it **reliable**? Is it **valid**? It's always advisable to use these tools alongside other evidence and information that is known about the person, as clinical judgement is essential when interpreting scores from any checklists or tools.



Reliability – how trustworthy and stable the scores of an assessment are

Validity – whether or not the assessment really measures what it is intended to measure

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Research activity

Pick a disability, and research how it is formally diagnosed. Consider the following and write a short summary:

- What are the criteria that must be met for this disability to be diagnosed?
- Which procedures must be followed as part of the diagnosis?
- Which professionals can make this diagnosis?
- Which additional needs are likely for someone with this diagnosis?

Standards

Depending on the specific disability or need, there are likely to be official guideline support to help. These could be outlined by the central government to apply to local authorities to provide support to individuals living in that area, or by organisations such as the Care Excellence. These are used to maximise the chances that the care provided is

For instance, the Department for Education has published a code of practice for people (from birth up to 25 years old) with special educational needs. This is known as the Code of Practice (2014), and outlines the way that assessments of need should be carried out if teachers suspect that a child has special educational needs. Included in this code of practice is a set of guidelines to be followed by professionals in many areas, including schools, health and social care and early education providers.

As another example, the Children and Families Act 2014 is a law which aims to provide support for children with special educational needs. This act specifies the way that support should be provided to children with special educational needs. For example, this act makes local authorities responsible for identifying children with special educational needs, and responsible for encouraging integrated delivery of health and education/training provision.

Professionals

There are many different professionals who can contribute towards the eventual diagnosis of a disability. However, a diagnosis is usually only formally made by an appropriately qualified professional, such as a specialist, and a specific training. For example, a diagnosis may be formalised by an paediatrician.

However, many other people will be involved in the process of identifying a disability:


- **General practitioner:** A parent may first take their child to the GP if they have concerns about their child's health. These symptoms may be picked up by the GP as first evidence of a disability.
- **Health visitor:** A nurse/midwife who visits families at home. They will check for developmental delays which could indicate a disability.
- **Special educational needs coordinator (SENCO):** Identifies children with special educational needs in school, and arranges support for them.
- **Teachers:** They may be the first to notice developmental issues and if a child is struggling with learning.

Research activity

Choose a health professional who contributes towards making a disability diagnosis. Research what kind of training is required for this profession, and what their role involves.

Parameters used to describe conditions

Diagnosed conditions are often described in terms of several key parameters. Look about these, and see how these are applied to a condition as an example.

Type	Cause	Severity	Stability over time
<p>What kind of condition it is – e.g. its name, or the body function affected.</p> 	<p>Why someone has developed the condition – this could be due to genetics, infections, etc.</p>	<p>The degree to which the condition affects someone's health, well-being, functioning and quality of life.</p>	<p>Whether the condition is likely to change over time, including fluctuations in symptoms or whether the condition is progressive.</p>
Example:			
<p>Parkinson's disease</p>	<p>Loss of nerve cells in the brain which produce a neurotransmitter called dopamine.</p>	<p>Severe, as the condition causes a gradual loss in movement ability and can affect many systems and skills (including communication).</p>	<p>The condition is degenerative, meaning the symptoms increase in severity over time.</p>

Research activity

Research three more health conditions and complete the table above with the type, cause, severity, stability and prognosis for each.



Which of your three conditions do you think requires the most support?

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A2: Cognitive and learning

Many people have additional needs in terms of their ability to learn and process information for many reasons, including inherited conditions and a degeneration of cognitive ability. In some conditions, some cognitive skills may be severely impacted while other skills are unaffected. The impact of various learning difficulties, autism-spectrum conditions, a range of mental health conditions and of older people.

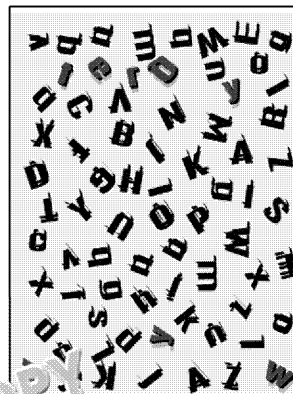
Learning difficulties

A distinction is often drawn between 'learning disabilities' and 'learning difficulties', although they are often confused or used synonymously. A learning 'difficulty' refers to problems in one or more areas of learning without an effect on broader, general intellectual ability (as with learning 'disabilities'). The difficulties are outlined below.

Dyslexia

This is a difficulty with skills relating to reading, writing and/or spelling. For example, someone with dyslexia might show some of the following:

- Slow writing
- Poor spelling, e.g. letters in the wrong order
- Letter shapes written incorrectly
- Difficulty with rhyming
- Problems understanding text
- Organisation skills may be reduced
- Speech may be affected



The symptoms of dyslexia are usually first noticed in children. It affects about 10% of people in the UK.¹ While dyslexia is a lifelong condition, it can have 'good' and 'bad' days. The causes of dyslexia are not fully understood, but there is speculation that the condition could be genetic. There may also be some structural differences in the brain.

i Did you know?

Dyscalculia is a learning difficulty that affects mathematical calculation.

Extra support can be provided to help people overcome the difficulties caused by dyslexia. Staff in school can work with a pupil with dyslexia, or one-to-one support may be provided. Support can also be useful, such as spell-checking software and software that converts speech to text. In terms of professionals, the SENCO at school may help, by arranging specialist, individual support within the school. If a higher degree of support is needed, an educational psychologist or a speech therapist may become involved.

Dyspraxia

Dyspraxia is also known as developmental coordination disorder (DCD), and affects motor coordination, resulting in clumsiness and poor balance. Dyspraxia can also cause difficulties in carrying out fine motor activities, and speech is affected for some people. The achievement of developmental milestones is often delayed, meaning that children with dyspraxia can take longer to learn to walk, or develop fine motor skills such as drawing and writing. Children's confidence can also be affected by dyspraxia, making them less likely to participate in recreational and sporting activities.

¹ NHS (2018) – Dyslexia - <https://www.nhs.uk/conditions/dyslexia/>

Dyspraxia is more common in boys. As with dyslexia, the cause is currently unclear, but there may be a genetic element to the condition. The condition is also more common in babies born prematurely. A diagnosis of dyspraxia is not usually sought until around five years of age, as it's hard to evaluate the symptoms in younger children. Assessments are carried out by appropriately qualified professionals (for example, a paediatrician or clinical psychologist), and extra support can be provided to help dyspraxic children cope with their difficulties. For example, an **occupational therapist** can help a child learn to carry out tasks by breaking them down into smaller components. A speech therapist can help a child with dyspraxia if it is affecting their ability to communicate. Extra support may also be given, such as being given a longer amount of time to complete tasks.

Attention deficit hyperactivity disorder (ADHD)

ADHD is a behavioural disorder, with the symptoms split into two categories:

Category 1: Inattention – for example:

- Forgetfulness
- Changing tasks frequently
- Problems following instructions

Category 2: Hyperactivity and impulsiveness – for example:

- Fidgeting
- Interrupting conversations
- Poor sense of danger
- Moving or talking too much (especially in quiet surroundings)

The term 'ADD' (attention deficit disorder) may be used if someone only exhibits symptoms of inattention without hyperactivity and impulsiveness. The symptoms of ADHD are likely to manifest themselves in different ways. For instance, they often include emotional symptoms such as mood swings or poor concentration. Symptoms can also worsen with age, due to the increased demands of adulthood.

The cause of ADHD is unknown, but there are several suggestions:

- Genetic
- Issues during pregnancy (for example, substance use, premature birth)
- Differences in brain structure and neurotransmitter levels
- Brain damage

i **Did you know?** Some ADHD symptoms can be improved by medication. High levels of medication can affect people's lives. However, medication is not a cure and includes the risk of addiction.

A diagnosis of ADHD will be made by a specialist with relevant ADHD experience, most likely a psychiatrist, social worker or paediatrician. During the assessment, the impact on the person's life will be examined – ADHD can have a significant impact on sleeping, organisational skills, educational attainment, behaviour, and relationship issues.

The first line of treatment for ADHD is usually medication, which aims to improve concentration and reduce impulsiveness by targeting the structures of the brain involved in these processes. Behavioural therapy is used to reward good behaviour in children, and talking therapies may help – especially in adults. Support should also be provided, as well as for a child with ADHD.

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Research activity

There are many learning difficulties which have not been listed above (for example, dyscalculia). Research some of these and write a short summary on the additional needs that people with these learning difficulties have.

Autism-spectrum disorders

‘Autism-spectrum disorder’ (ASD) is an umbrella term for a group of conditions which affect a person’s social abilities. The term ‘spectrum’ is used because each person with an ASD is affected differently, although ASD is always a lifelong condition. Many people with an ASD also face other difficulties, such as mental health problems or learning disabilities, or a high level of sensory sensitivity.

There are two key dimensions which indicate the presence of an ASD:

1. The first is a deficit in social communication and interaction. Someone with ASD may find it extremely hard to understand and ‘read’ other people – identifying and expressing emotions may be difficult, and subtle nuances in conversational tone may be missed.
2. Secondly, someone with ASD may show repetitive behaviours (such as following extremely rigid routines) or intense interest in certain hobbies or activities. This can have an impact on someone’s ability to function, as they may be very resistant to any changes to this routine or regular behaviours. These intense interests can sometimes be channelled into a successful occupation, as the person is so passionate about it.

The DSM-V outlines several levels of autism severity, which relates to the amount of support an individual needs. The table below contains details about these.

	Social communication	Restricted and repetitive behaviours
Level 1, Requiring Support	When without support, social communication impairments are apparent (e.g. unusual responses to others’ communication).	Behaviours that are restricted and repetitive, but not to the point of being severely impairing.
Level 2, Requiring Substantial Support	Social communication is impaired even when some support is in place.	Behaviours that are restricted and repetitive, to the point of being severely impairing.
Level 3, Requiring Very Substantial Support	Social communication is severely impaired (e.g. speaks only a few words) and significantly impacts upon functioning.	Distressing, severely impairing and inflexible restricted and repetitive behaviours.

Previously, there were also several ‘sub-diagnoses’ of autism, which supposedly related to the severity of the condition. However, the most recent version of the **DSM-V** now recommends that a single category of autism be used to cover all manifestations of the condition, rather than making more specific diagnoses. There is still some doubt in the research community that these categories were reflective of distinct conditions. At the table below to learn more about these previous diagnostic categories.

Asperger’s syndrome	Limited impact on intellectual functioning, with average or above average intelligence. Speech is minimally affected, but there are significant communication difficulties.
Pervasive developmental disorder not otherwise specified (PDD-NOS)	A term used for people who do not meet some of the criteria for autism, but whose symptoms are not mild (or they do not have a clear onset in early childhood).
Childhood disintegrative disorder	Normal development is shown, up until a certain point in early childhood. After a certain number of years of age, there is a sudden onset of developmental regression, with the loss of previously acquired skills (e.g. language, social and/or motor skills).

Applied activity

Write a short ‘myth-busting’ fact sheet about autism-spectrum disorder. In your sheet, you should include information about what ASD is (and what it isn’t), and outline some of the challenges that someone with ASD might have.

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Inherited conditions

Inherited conditions are those disorders which are passed down from parents' genetic material to their children. Alternatively, abnormalities to genetic material may happen during the development of an embryo, perhaps due to errors in the division of cells.

Possession of a faulty gene may result in abnormal physical functioning or an alteration to the structure of an organ, which may cause a health condition. Some examples of inherited conditions are listed below, but there are many more that you may wish to look up.

Down's syndrome

Down's syndrome is a genetic disorder, caused by a **chromosome** defect in which there is one extra copy of chromosome 21. The syndrome causes varying levels of learning disability, as well as some common physical characteristics including slanted eyes, a protruding tongue, and flatness at the back of the head.

Each person with Down's syndrome will have a different level of additional needs. Some people with Down's syndrome can learn to live independently or will be involved in educational and occupational activities. On the other hand, some people with a degree of learning disability and/or face additional health problems for which they may need support. For instance, people with Down's syndrome are at a higher risk of developing heart problems.

Huntington's disease

This is a progressive condition that causes damage to nerve cells in the brain. It is caused by a mutation in the HTT gene, which is involved in making a huntingtin protein. If one parent carries the mutated gene, there is a 50% chance that their child will have Huntington's disease. Symptoms typically appear between 30 and 50 years of age and include:

- involuntary movements
- clumsiness and difficulty organising and focusing
- memory problems
- changes to personality, feelings of irritability and insomnia

Unfortunately, there is no treatment for Huntington's disease. As the disease progresses, people may have many additional needs due to the reduced mobility and emotional difficulties. For instance, someone might need a lot of support with feeding and attending to personal care.

Dementia

'Dementia' is a syndrome (i.e. a cluster of conditions with similar symptoms), rather than one specific disease. It primarily causes problems with memory and cognition, which also affects a sufferer's ability to communicate and carry out daily activities. In the later stages of the disease, people are unable to look after themselves safely and can experience behavioural and personality changes. This means that people with dementia have a high level of additional need, which increases as the disease progresses.

While the risk of dementia increases with age (and with the presence of other risk factors such as obesity), there are some forms that appear to have a genetic component. The table below provides details about a few of these diseases that fall under the dementia umbrella.

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	What is it?	Which genes?
Alzheimer's disease	Alzheimer's is caused by abnormal build-ups and tangles of proteins in the brain. Symptoms include: confusion, disorientation, low mood, memory problems (especially for recent events) and poor judgement.	Mutations on three suggested to increase Alzheimer's – PSEN
Frontotemporal dementia	A rarer type of dementia, which often affects people at a younger age than other forms. Key symptoms include: changes to behaviour, personality and language.	Mutations in three cases – gene C9ORF involved in protein (MAPT and GRN).
Dementia with Lewy bodies	Associated with protein deposits in the brain's nerve cells (Lewy bodies). Associated also with Parkinson's disease. Symptoms include: hallucinations, deficits in attention, and problems with movement.	Certain variants of gene APOE4 have a higher likelihood of disease, including this one. This gene is involved in a protein which transp



Research activity

Look up more information about the genes associated with the different types of dementia in the table above. Find out the following:

- What role do these genes play in the body?
- If you are a carrier of the mutated gene, how much more likely are you to develop dementia?

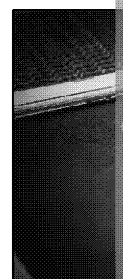
Needs of older people

As people age, they are also likely to face a range of cognitive and learning needs, often due to degeneration of the nervous system over the years. However, many abilities remain unaffected and decline can be delayed to some degree – with the influence of healthy lifestyle factors.



Memory loss and slower cognitive speed

A certain amount of memory decline is to be expected as part of normal ageing. Memory for how to carry out actions is minimally affected in normal ageing, but older people may struggle more with recalling names and particular words (feeling as though the word is on the 'tip of the tongue'). However, it's advisable to seek medical opinion if it continues to worsen or is more severe than expected, as this could indicate the presence of a condition such as dementia if memory loss becomes more severe, and this can have a physical health impact. This is because someone may forget to take their medication, or even forget to eat.



As people age, the rate at which they can process information in their brain can slow down. For example, this can manifest as an increased reaction time, problems with divided attention, and slower processing of motor (movement) tasks. There may be many causes of slower cognitive processing in older adults, including medication side effects, vitamin deficiency, **strokes**, and gradual degeneration of neurons.



Stroke

An interruption in the supply of blood to the brain, which can lead to brain damage.

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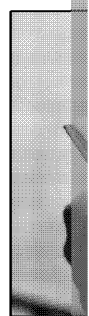
However, research indicates that many cognitive abilities are well preserved in old problem-solving ability and verbal skills. This is contrary to some stereotypes of their cognitive skills.

Lifelong learning

Although older adults can experience cognitive and memory decline, this does not mean that they are not able to learn new skills. During retirement, there is more time available for participation in activities and hobbies that can support life-long learning. Indeed, activity theory (proposed by Robert J Havighurst in 1961) asserts that the key to successful ageing is continuing to participate in society and being involved in meaningful activities. There are many benefits of continuing to engage in lifelong learning, including increased opportunities to socialise, and to increase physical activity levels by getting out and about more. There are also emotional and psychological benefits, due to the increased confidence and self-esteem brought about by trying something new.

Although **stereotypes** of older people suggest that they are less likely to use technology, older adults that make use of technology for social, recreational and intellectual activities are more likely to undertake online courses to build their skills and knowledge, or use the Internet to pursue their interests.

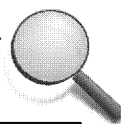
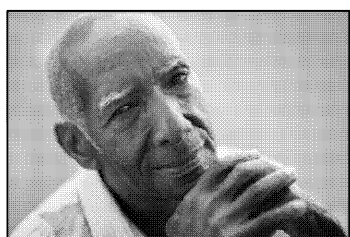
However, it's important to remember that there may be some barriers present to older adults engaging in lifelong learning. For example, it could be hard for an elderly person to attend classes due to mobility or transport issues. An older adult with caring responsibilities for another person (for example, an unwell spouse), could also make it hard to engage in learning opportunities.



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Case study

Diego, 60, has recently retired from his job as a mental health nurse. He loved his job but is struggling to fill the time with satisfying activities now that he is retired. He has been feeling a bit down in the few months since he has retired, and would really like to learn some new skills and meet new people.



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A1–A2 Revision questions

1. Define mild and severe learning difficulties.
2. Identify and describe **one** procedure that is used in unborn or newborn disability.
3. Explain the role of **two** different professionals in making a diagnosis.
4. Explain how dyspraxia can cause additional needs, and describe **two** support strategies for children with dyspraxia to overcome these needs.
5. Outline the key features of autism-spectrum disorder.
6. Give an example of an inherited condition, and explain **two** ways that someone can have additional needs.
7. Explain **two** cognitive and learning needs that may be experienced.
8. Read the following case material.

Sara, 14, has been diagnosed with attention deficit hyperactivity disorder. Her teacher noticed she was struggling with her schoolwork and was becoming increasingly distracted. She often does not finish her schoolwork and appears restless.

Answer the following questions (you may need to do some additional research).

- a) Describe the key features of ADHD.
- b) Identify **three** additional needs that Sara might have.
- c) Name **two** professionals who are likely to have been involved in Sara's diagnosis.
- d) Make **three** suggestions for support that could be provided to help Sara meet her additional needs.

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A3: Physical and health needs

When the body does not function as it should, a whole range of additional needs can be experienced. This may arise as a result of physical deterioration in the body (e.g. injury/accidents, inherited conditions or infections). This section will give an overview of health conditions which can produce additional needs.

Needs of older people

Older people are at a higher risk of developing certain physical health problems, particularly as they age. This is due to the gradual impact of unhealthy lifestyle factors.

Arthritis

Arthritis is a common degenerative condition faced by older people which relates to joint pain, stiffness and swelling, as well as difficulty in moving. When arthritis becomes severe, activities of daily living and moving around one's home can become impossible. If someone has arthritis will need a lot of support to live safely. There are two main kinds of arthritis: osteoarthritis and rheumatoid arthritis.

Osteoarthritis

In this form of arthritis, the **cartilage** between the joints has become worn. This means there is less cushioning between the bones and, in severe cases, this can lead to the bones of the joint rubbing against one another. The knees, hips, and joints in the hand are the most frequently affected areas of the body. Osteoarthritis affects more women than men. The condition cannot be cured, although there are some strategies which can help. For example:

- Painkillers, to ease discomfort associated with the condition
- Maintaining a healthy weight and engaging in physical activity
- Wearing appropriate and comfortable footwear

Rheumatoid arthritis

This form of arthritis is caused by a maladaptive **immune response** by the body, which results in swelling and pain in joint areas, especially the hands, wrists and feet. This swelling has a knock-on effect on the joints, as the pressure causes joints to change their shape and contributes towards the breakdown of cartilage.

As with osteoarthritis, the condition cannot be cured. However, the symptoms can be managed to lessen their impact on a sufferer's life. For example, there is a range of medications available that alter the effects of the body's immune response on the joints, which slow the disease's progression.

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Diabetes

Diabetes is a condition which affects the body's ability to process blood sugar correctly, meaning that the levels of sugar in the blood become too high. This is caused by issues to do with the production of insulin – a hormone produced in the pancreas which regulates blood sugar levels.

There are two main types of diabetes:

- **Type 1** – a malfunctioning in the body's immune system, which kills insulin-producing cells
- **Type 2** – failure of the body to make enough insulin

However, it should be noted here that type 1 diabetes typically affects younger people and the cause is largely unknown. Type 2 diabetes, on the other hand, is to a degree influenced by lifestyle factors (for example, being overweight or consuming alcohol excessively) and is more common in older people. Type 2 diabetes can be managed with medication to help control blood sugar levels, and adopting a healthier lifestyle. Blood sugar levels should also be regularly monitored, which diabetic people can do for themselves. This is really important to avoid developing further complications as a result of the condition, such as sores on the feet, heart disease and kidney problems.

Cardiovascular disease

CVD is the general term for a collection of conditions affecting the heart and/or blood vessels. A common feature of CVD is **atherosclerosis** – a build-up of fatty substances on the walls of the arteries, which makes them become narrowed and makes it harder for blood to flow through them. Some of the most common types of CVD are:

- **Coronary heart disease:** A blockage of the supply of oxygenated blood to the heart, which can lead to a heart attack.
- **Stroke:** An interruption of the blood supply to the brain.
- **Peripheral arterial disease:** A blockage in the supply of blood to the limbs.

Risk factors for developing CVD include having high blood pressure, high blood cholesterol, smoking, being inactive, having diabetes and being overweight/obese. Because CVD is often related to lifestyle factors, this means that it is preventable in many cases. For example, someone's risk of developing CVD is substantially lowered if they maintain a healthy weight, engage in regular exercise and do not smoke.

Health needs

This section will give a short overview of a range of health conditions which can put people at risk of becoming sufferers. However, there are many more – please also research additional conditions and find out more about the needs of people that have them.

Cystic fibrosis

Cystic fibrosis is an inherited condition which affects the respiratory system, as a result of a thick, sticky mucus in the lungs. This means that respiratory function is reduced and it is more likely to develop a lung infection.

Cystic fibrosis can also affect the digestive system, as the mucus can also block the small intestine through which digestive enzymes travel. Medications can be taken to help support the digestive system with cystic fibrosis, to ensure that they can absorb nutrients from their food.

Sickle cell disease

This is the collective term for a group of conditions in which the **red blood cells** are 'sickle' shaped, rather than their usual round shape. The most serious of these diseases is known as 'sickle cell anaemia'. Blockages can form due to the altered shape of the red blood cells, and there is not enough oxygen transported to the areas of the body that need it. These conditions are inherited, caused by a gene mutation on chromosome 11.

Sufferers may experience extremely painful episodes called 'sickle cell crises', which occur due to blood vessel blockages. Managing pain can be a significant part of living with sickle cell disease, as well as avoiding triggers to sickle cell crises (e.g. by drinking plenty of water, and avoiding smoking or alcohol). People with sickle cell disease are also more prone to infections and can increase the risk of respiratory or cardiovascular complications.

Stroke

A stroke occurs when the blood supply to the brain is interrupted, meaning that the brain does not get the oxygen that it needs. A stroke is an extremely serious condition which can lead to permanent damage. NHS has produced a simple acronym to help people identify the common symptoms of a stroke. If help is summoned more quickly in the event of one occurring – you need to act FAST.

- **Face** – a common sign is the drooping of one side of the face.
- **Arms** – numbness and weakness of one or both arms. The person may be unable to hold their head for very long (if at all).
- **Speech** – the person may slur their words or not be able to speak at all.
- **Time** – summon the emergency services immediately if you spot any of these signs. If you think someone is having a stroke.

The likelihood of having a stroke is significantly higher if you smoke, drink, are overweight, or have high blood pressure. A healthier lifestyle can reduce your chances of having a stroke, but there are also factors that you cannot alter – for example, age and a family history of stroke.

If someone has suffered physical injury as a result of a stroke, they may have a high level of dependency. This may be for a short time, but if their mobility or communication ability is affected, they may have a high level of dependency for a long time.

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Mental illnesses

It has been estimated that a quarter of people in the UK will suffer from a mental illness. The most commonly faced mental illnesses are depression (persistent low mood) and anxiety (a chronic fear or worry). Another example is **obsessive-compulsive disorder (OCD)**, which involves obsessive, intrusive thoughts (e.g. worry over a family member dying) that cause high levels of anxiety. Repetitive, compulsive behaviours are engaged in as a way of lessening this anxiety (e.g. counting things over and over).

The term 'severe mental illness' is sometimes used to describe conditions such as schizophrenia and bipolar disorder. Schizophrenia is a condition involving psychosis (inability to distinguish between reality and the sufferer's own thoughts), often through hallucinations and/or delusions. Bipolar disorder involves extreme mood swings which each last for (at least) several weeks.

All of these conditions can significantly impact on someone's daily living ability, as well as their relationships with others and functioning at school or work. People with mental health problems are often socially isolated, and are more likely to suffer from **discrimination** and prejudice based on the stigma around people with mental health problems. Those with very severe mental health problems are likely to need a significant degree of support in order to live safely.

Stigma

The attachment of a negative attitude to a person or group of people.

OCD

A mental health condition involving obsessive thoughts and compulsive behaviours, often leading to high levels of anxiety.



Discrimination

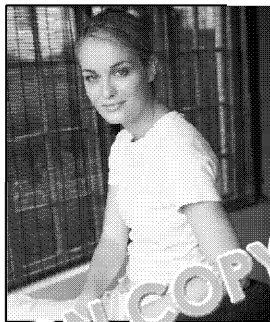
Treating a person (or group of people) differently on the basis of their race, ethnicity, religion, age, sex, or other characteristics.



DISORDER
TENSION
AWARENESS
NERVOUS
TEMPERAMENT
WORRY
FRUSTRATION
WITHDRAWAL
OVERWHELMING
PANIC
FATIGUE

Case study

Aleksandra, 22, has recently received a diagnosis of OCD. She initially went to her GP about the concerns she had over the amount of time she spends double-checking locks and switches. Her GP referred her on to a psychiatrist, who made the diagnosis of OCD. Aleksandra is now having weekly psychotherapy sessions and has been prescribed medication to help with her anxiety.



Applying
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² McManus, et al. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey. London: Centre for health and social care.

Sensory disabilities

An impairment to any of the sensory systems can cause significant additional needs for the person affected. Sensory impairment can make engagement in recreational, social and occupational activities more difficult. However, involvement in the regular activities of normal life is not impossible – there are many strategies which can be put in place to make the environment more accessible for people with additional needs caused by sensory disability.

Deafness and hearing impairment

Those with hearing impairment (including a loss of hearing function) are affected to varying degrees of severity, with total deafness at the most extreme end. Some people are born with hearing impairment, and others acquire it throughout their life (for example, due to damage to the systems of the ear).

Hearing impairment can cause difficulties at work and school, and can have a significant impact on psychological well-being (particularly if acquired later in life). People with hearing impairment may experience feelings of social exclusion, and may be more vulnerable to personal safety risks.

People with hearing impairment may use different communication strategies, including **sign language**. Health and social care services should make reasonable adjustments to the ways that services are provided to take into account the needs of hearing-impaired people. For example, **audio induction loops** may be used, as well as visual announcement systems.

Visual impairment

The severity of visual impairment can range from a reduced level of sight in one or both eyes, to total blindness. Some of the main causes of visual impairment are:

- Eye infections
- Inherited conditions and diseases contracted during pregnancy
- Injury to the eye or the visual processing areas of the brain
- Cataracts
- Age-related decline in vision

As with hearing impairment, visual impairment can have a substantial impact on many areas of the person's life. It can make it much harder for someone to carry out daily living tasks and move around their home safely (although home adaptations can help). Visual impairment can affect participation in occupational and leisure activities, and affect someone's self-esteem and confidence. Visually impaired people may also face barriers to accessing services, as health-related materials may not always be provided in an accessible way. Some visually impaired people use **Braille** as an alternative method for reading.

Braille
A reading method for visually impaired people. It makes text accessible through touch.

Applied
How to provide support for visually impaired people. Which strategies provide support to ensure that visually impaired people can access services and resources.

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Case study

Ishaan, 19, is currently at university studying history. He has recently found out that he has a degenerative sight condition which will eventually cause him to become blind. He is concerned about how he will manage his workload at university, as he really enjoys his course and does not want to leave.



Accidents

Accidents, such as car crashes, sporting and workplace accidents are a leading cause of injury. The impact on someone's life and well-being can be considerable, including the emotional, psychological, social, functional and mobility.

Paraplegia

Paraplegia is another term for 'partial paralysis', and occurs that someone is suffering from a loss of sensation or movement from the waist down. This is not due to a problem with the legs – that may be perfectly healthy – but because of issues with the brain and/or spinal cord. The nerves which send and receive messages to the lower body have become damaged, perhaps due to a car accident, a fall, a sporting accident or violence.

The amount of remaining sensation and function varies person to person, and can affect the ability to live independently. Adaptations to the person's home are likely to be needed, such as the bathroom to a wet room or the inclusion of ramps to allow easier wheelchair access. Support may also be needed to attend to some elements of personal care. The psychological and social impact of paraplegia can also be considerable, as people need to adjust to a sudden change in ability and role, which can affect self-esteem and confidence.

Rehabilitation is also a key part of learning to live with paraplegia.

Loss of limb

There are several reasons why someone might lose a limb. For instance, it could be removed (amputated) due to an infection or it may have to be removed following extensive damage (e.g. crushed). As with paraplegia, there is a large social and psychological impact following the loss of a limb. Carrying out daily living tasks and participating in recreational activities may also be seen as challenging.

Prosthetics can help people who have lost a limb in several ways. For instance, they can help someone regain the ability to walk, and support a more 'normal' appearance which boosts confidence. Modern technology is contributing to the development of extremely sophisticated prosthetics, which can allow users to control complex movements such as grip.

Prosthetics
Medical devices which replace a missing body part or limb, for functional and/or aesthetic purposes.

Research activity
Modern developments in the field of prosthetics are extremely advanced. Look for recent news on the development of prosthetics, and write a short summary of a new device that interests you. Summarise how the device can help meet the additional needs of people that who lost a limb.

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Infectious diseases

There are two types of infectious diseases – *bacterial* and *viral*. Bacteria are single-cell microorganisms that, depending on the type, can be beneficial for us or can cause illness. Viruses, on the other hand, are smaller than bacteria and multiply by attaching themselves to a host’s cells and making copies of themselves. Many of these can be prevented (for example, with vaccination and proper hygiene techniques) and many of the resulting illnesses are treatable (e.g. antibiotics for bacterial infections; anti-virals for viral infections). However, some are not and may have severe consequences if medical attention is not quickly received.

Vaccination



A major medical innovation was the development of vaccinations, which has enormously helped to reduce the spread of many infectious (and life-threatening) diseases. Vaccination works by introducing an altered version of a virus into a person’s immune system. This gives the immune system a

chance to ‘practise’ fighting off the infection. The result is that the body produces the correct **antibodies** to fight off the infection, meaning that the person will not become infected when faced with the real virus. Vaccination is most effective when the person becomes immunised – therefore, the NHS offers many young children (for example, for tetanus and polio).

Antibodies

Made in the bone marrow, they help the body to fight infections.



HIV and AIDS

HIV stands for ‘human immunodeficiency virus’. It is transmitted via bodily fluids and, therefore, can be caught by having unprotected sex with an infected person or by sharing needles (for example, to inject drugs). The virus has a serious impact on someone’s immune system by reducing their count of **white blood cells**. HIV cannot be caught or vaccinated against, but can be managed effectively with anti-retroviral medication – this stops the HIV virus from copying itself (and thus limits the impact of the virus on the immune system). With effective management, many people with HIV can live long and healthy lives.

AIDS (‘acquired immunodeficiency syndrome’) is the term used for the condition which arises as a result of HIV infection. This is when a person’s immune system function is so low that they are extremely susceptible to the development of (often life-threatening) infections. Not everyone with HIV will go on to develop AIDS, but it is much more likely if their HIV is not managed effectively with medication.



Did you know? If many people have HIV, it can mean the virus is virtually everywhere.



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Meningitis

This is the name for a condition in which the **meninges** become infected and inflamed. There are two kinds of meningitis, depending on the type of infection – viral and (the more serious) bacterial.

Meningitis is contagious and is caught from other infected people; for instance, via coughing or kissing. The symptoms include:

- High fever
- Stiff neck
- Seizures
- Headaches
- A characteristic rash – it does not fade when a glass is rolled over it

Meningitis is treatable, but bacterial meningitis can cause some serious long-term complications, particularly if treatment is not received quickly. For instance, there is a risk that **epilepsy** will be developed. Additionally, meningitis can lead to sensory impairment or mobility issues.

Research activity

Look up a few more infectious diseases, and write a short summary for each that considers the following:

- Is it a viral or bacterial infection?
- Can the infection be treated or prevented? How?
- What additional needs can this infection cause?
- What kind of support might someone need who has this infectious disease?

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Problems during pregnancy and birth

Pregnancy is a dangerous time for the mother and various complications can present her health and that of the unborn baby. Some of these problems are preventable, but others are not. These complications can affect the child and their needs may not be immediately apparent. Some needs may not become apparent until the child is older and is showing signs of developmental delay. This section will give a brief overview of some of the problems that can arise during pregnancy.

Complications for the mother

Pregnancy and birth cause a strain on the mother's health and well-being, and some complications can be particularly severe. Have a look at the diagram below to learn about some of the complications that can arise. You can use the search function to search them in more detail to find out how they may affect your support needs.



Deep vein thrombosis (DVT)

Development of a blood clot in a large vein, often in the leg. Can cause pain and swelling, and can even be fatal if the blood clot travels to the lungs.



Case study

Imani, 28, is currently six months pregnant, and is still working at her job in a legal firm. She is under some stress at work at the moment, and has been struggling to sleep. She is also frequently experiencing physical discomfort (including backache and heartburn).



Applied Learning

Read Imani's case study and answer the following questions:

- What are the physical symptoms she is experiencing?
- What are the psychological symptoms she is experiencing?




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Viral infections

If the mother contracts certain viral infections during pregnancy, the unborn baby can suffer from developmental problems. Have a look at the table below for information on the kinds of additional needs they can cause.

	What is it?	What are the risks?
Rubella 	A viral infection (also known as German measles) that causes a rash. It can be vaccinated against. The vaccination should not be taken during or immediately before pregnancy. Rubella will clear up by itself and will not usually cause any major problems for a non-pregnant person.	Infection during the first 12 weeks of pregnancy can cause rubella syndrome. This can include hearing and physical disabilities. There is also a risk of miscarriage.
Cytomegalovirus	CMV is caused by a virus similar to herpes. It usually causes no severe issues if contracted by a non-pregnant person, and there may be no symptoms at all.	Babies who are infected at a high level at birth develop sensory impairments. The chances of hearing loss are also raised.
Zika virus	A virus spread by mosquitos, more common in areas such as South and Central America, and South East Asia.	Catching Zika virus can cause microcephaly in the baby. It can also be associated with an increased risk of miscarriage.

Microcephaly
An abnormally small head or brain.

Umbilical cord
The cord connecting the baby's bloodstream to the placenta.

Brain damage during birth

During birth, there is a risk that complications will cause the baby to suffer from brain damage. This may be an interruption of the flow of oxygen to their brain if the **umbilical cord** becomes knotted or compressed around the neck. A difficult birth may also cause injury to the baby's skull – in rare cases, the force of the baby can cause damage to the skull and brain. Brain damage suffered during birth can have long-term consequences in terms of additional needs for the child. The effect on their development may not be apparent until some time afterwards.

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A4: Social and emotional needs

When thinking about someone's needs, it is important to take a holistic approach, considering the needs of the whole person, rather than just their physical health. For instance, you should account for their social and emotional needs. This section will cover family circumstances and the way that learning environments can influence someone's level of need.

Needs generated from family circumstances

The home environment and a person's relationship with family members can also have an impact on someone's health and well-being. The presence of supportive relationships can promote good physical health. On the other hand, negative relationships and/or loss can cause stress and strain.

Looked-after children

A child that is in the care of the **local authority** for more than 24 hours is said to be 'looked-after', and such children are also known as 'children in care'. This term includes children who are currently receiving foster care, as well as children living in residential service settings. There are many reasons why children may go into local authority care – perhaps their birth parents are currently too unwell to provide the right kind of care to meet their child's needs. Alternatively, the local authority may have deemed the child's home environment to be unsafe due to a risk of harm or abuse.

A looked-after child is more likely to have an additional level of social and emotional need compared to their peers, especially if they have come from a traumatic home environment. This may manifest in many ways, including a higher risk of developing mental health issues, behavioural difficulties or **attachment** problems. Specific care should be provided to looked-after children to help meet their social and emotional needs and to support their development.

Bereavement

People are 'bereaved' when someone close to them passes away, and this can have a significant impact on someone's social and emotional well-being. The effects of grief are wide-ranging and individual. Feelings of loneliness, depression, anger and disbelief are all common. If the bereavement is extremely severe and persists for longer than usual, the term **prolonged grief disorder** is used.

The role change brought about by bereavement can also have a strong impact on someone who has lost their spouse, they will need to adjust to a change in living circumstances as part of a couple. The effect of bereavement is more pronounced in children and young people if they have lost a parent or a sibling.



Anyone going through a bereavement is likely to benefit from emotional support to help them cope with their loss. Practical support will also be required, as many people find it difficult to carry out the tasks of daily living in the time following the bereavement. If the bereaved was a carer, alternative arrangements for their care needs will be required.

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School refusal

Sometimes referred to as ‘school phobia’, this is where children refuse to attend school. This type of non-attendance is different from truancy (general term for non-attendance at school, which is usually motivated by feelings of boredom or anger towards school), in that mental health issues are the underlying reason for refusing school. For example, they may be experiencing strong feelings of anxiety about their relationships with peers and teachers, or about their schoolwork. Children refusing school may also feel intense separation anxiety about leaving their parents to go to school. Depression can also be a cause, as can being bullied.

School refusal may report a higher-than-usual level of physical symptoms (such as headaches) when attending school, particularly on assessment days. They may also show signs of self-harm, including threats of self-harm or running away. School refusal can have a profound impact on children and their parents may have to miss work and can face court proceedings due to the legal obligation to provide a full-time education. Missing education can have serious consequences for a child's social development and educational attainment.

Children refusing school may need professional psychological support, in order to address the issues that are stopping them attending. Communication with the school can also be helpful to identify any issues occurring in the school environment that are causing the child anxiety. As a last resort, local authority provision of an alternative system of education in non-school settings.

Bullying

Although there is not one accepted definition of ‘bullying’, it often includes repeated actions that intend to cause emotional and/or physical harm to the target. Bullying can take place online (‘cyberbullying’ – for example, by text or over social media), meaning that the target will also experience the negative effects of bullying outside the school environment. Bullying may be racial, homophobic or transphobic in nature, or may involve targeting someone due to their faith. It can involve physical attacks, but also threats, insults and social exclusion.

Applied activity

Write and design a poster. You must include the following about:

- what bullying is
- what effects it has
- what you can do if you are bullied, or if you have bullied someone

Bullying can have a severe impact on the social, emotional and intellectual development of a child, the impact on someone's self-esteem and confidence, and can lead to a child refusing to attend school or participate in activities. Bullying is also a leading contributor towards self-harm and suicide. Children who have been bullied may need a high level of psychological support (for example, counselling) to help them understand the impact of bullying and to regain their confidence.

It should also be noted that adults can experience bullying, and the effects can be significant. Someone may be bullied by their colleagues or boss at work. This can negatively impact on their occupational functioning, confidence and emotional well-being.

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Needs of older people

Older people are likely to have a unique set of social and emotional needs. Many of these are related to changes in roles and relationships due to becoming older, including bereavement, attitudes towards death and financial situation.

Bereavement and fear of dying

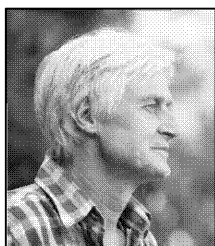
Older people are likely to face a significant number of bereavements, as many of them will be with other elderly people, such as their spouse, siblings and friends. These losses can have a significant impact on an older person's well-being and can cause loneliness and isolation. Bereavement can also lead to older people becoming socially isolated; for example, if they relied upon their spouse for support. Being bereaved of a spouse can also lead the surviving spouse to 'give up', particularly if their lives together and their identities have become strongly intertwined. This can affect their own needs and activities of daily living. A high level of care and support may be needed to ensure the needs of a bereaved older adult are met during this difficult time.

On the other hand, being bereaved can alter someone's perception of life, and they may spend most of their time – perhaps living as the bereaved person would have wanted them to – on recreational activities or with other family members (such as grandchildren). If the person who dies (for example, due to that person's illness or injury), they may also feel relieved that they are no longer suffering and that the burden of caring has been lifted.

Older people may experience psychological distress due to the fear of dying, as they witness illness or physical deterioration (and witness people close to them passing away). Regrets about one's life may feel overwhelming. Relatives and professionals may need to make practical arrangements for their affairs after their death. Bereavement support can help alleviate the provision of emotional and social support and encourage bereaved people to remain engaged in life.

Case study

Benjamin, 70, has recently lost his wife Poppy to cancer. They were together for a long time and engaged in many recreational and leisure activities together. They have two grown-up children and six grandchildren, but unfortunately they do not live close by. In the weeks since his wife's death, Benjamin has been struggling to keep up the activities of daily life.



Application

Read the case study and discuss the bereavement support that Benjamin needs.

-
-
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Isolation and family living far away

Older people are at a higher risk of becoming socially isolated, which can reduce their quality of life. This is partly due to the higher likelihood of bereavement, as described above, but also because of changes in roles and relationships. For example, some older people may be strongly affected by the change of role brought about by retirement, as they may no longer spend time with their colleagues, who they may have had strong relationships with. Changes to physical ability (for example, due to illness and/or the development of sensory impairments) can also make it harder for older people to socialise.

Additionally, family members may live some distance away from the older person, meaning that support can be alleviated to a degree with the use of modern technology – social media and video conferencing allow family members to stay in touch, and 'see' each other without being geographically close.

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However, social isolation and loneliness are not inevitable parts of ageing – many relationships with lots of people! Retirement also brings the opportunity to spend and with friends / family members. Older adults may take up new hobbies or part their local community, which gives more opportunities for socialising and also bo

Financial difficulties

Some older adults face financial difficulties at this time in their lives, particularly when adjusting to a reduction in income following retirement. The majority of older adults are eligible for the **State Pension**, but they may struggle to cover most of their usual expenditure on the State Pension alone. Many older adults can also claim an occupational pension – built up during their previous employment – that will also help their financial situation.

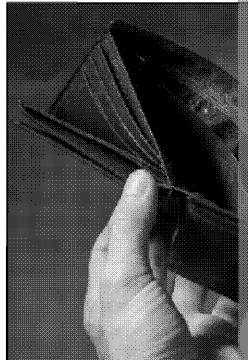
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There is a considerable health and well-being impact of suffering from financial difficulties in older age. For example, if someone cannot afford to pay the higher heating costs over winter, they are at a high risk of conditions such as **arthritis** worsening. They may also be unable to afford healthy food, which can lead to malnutrition and the worsening of conditions such as **osteoporosis**. Financial difficulties can also make it harder to get out and about due to the cost of transport, which can impact an older person’s social and emotional well-being.

There are some benefits available to older adults, which can help alleviate some of these financial pressures. These include:

- Council Tax Reduction
- Top-ups to pensions
- Winter fuel payments to assist with heating bills
- Free bus pass



Research  

Look up the financial benefits that may be offered to older people listed above. Research eligibility requirements and how the assessment process works.

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Needs affected by the learning environment

A learning environment is, quite simply, the surroundings and context in which learning takes place. This can include school classrooms, higher education centres and adult learning centres. The design and layout of these environments will influence the ways that students learn and the effectiveness of their learning. For students with additional needs, the circumstances of the learning environment can be particularly important for their development.

Sensory sensitivity and impairment

Sensory sensitivity is when someone finds sensory input to be more overwhelming than most. It is a common feature of autism spectrum disorders. If a classroom is too noisy or the lighting is too bright, a student with sensory sensitivity may find it very difficult to concentrate and may become frustrated. This can reduce student participation in learning and, therefore, negatively impact on their educational progress. A student with sensory impairment may also be disadvantaged by the learning environment if the school fails to provide additional support in terms of specialist staff or adapted learning materials.



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Case study

Richard, 31, is a primary school teacher, and he suspects that a student in his class, Siobhan, is suffering from undiagnosed hearing difficulties. She has fallen behind her peers, struggles to concentrate and does not always respond when directly addressed.



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Physical disability

When designing a learning environment, consideration should be given to the needs of students with physical disabilities. For instance, it could be extremely difficult for a person in a wheelchair to access a building if there are no physical adaptations made to the accessibility of the building (for example, wheelchair ramps). However, it is against the law for educational providers to discriminate against disabled people – ‘reasonable adjustments’ must be made to ensure that disabled people are not unfairly disadvantaged in the educational system. Additional support may also be provided in terms of staff and technology – for instance, students who struggle with the physical movements involved in writing may be allowed to complete assignments using the computer, or staff may assist in writing notes during lessons.



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A3–A4 Revision questions

1. Describe **one** form of arthritis. Give **two** additional needs that it can cause.
2. Explain **two** ways that mental health problems can cause additional needs.
3. Describe **two** different sensory disabilities. Give **one** additional need for each, suggest **one** communication barrier.
4. Outline **two** ways that paraplegia could cause someone to have additional social needs.
5. Give an example of an infectious disease, and list **three** ways that this disease could cause additional needs.
6. List **five** possible impacts of pregnancy and birth on the mother.
7. What is meant by the term 'looked-after child'?
8. Outline **two** possible impacts of bullying on a child's level of need.
9. Explain the impact of financial difficulties on the needs of older people. List **three** benefits which are able to help meet these needs.
10. Give **three** examples of needs that may be affected by the learning environment.
11. Read the following case material.

Martin, 83, lives alone since his wife Joy passed away two years ago. He has been married for 55 years, and her death came as a shock. He can still do many things but his eyesight has gradually been deteriorating.

Answer the following questions:

- a) Identify **two** possible effects of bereavement on Martin.
- b) Identify **two** ways that Martin's visual impairment could cause him to have additional needs.
- c) Imagine that you are a social worker who has assessed Martin's needs. List **three** actions you could take that could help meet Martin's needs.

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Chapter B: Examine how to overcome the challenges living faced by people with additional needs

B1: Definitions of disability

This section will briefly outline some key ideas about what disability is and how it is defined.

Models of disability

There are two main perspectives on what disability is and what causes it. These are largely known as the 'medical model' and the 'social model'.

Medical model

This model of disability treats it like an illness by focusing on what is 'wrong' with the person. As a result, approaches used to managing disability often resort to medical interventions to 'treat' the person, such as the use of medication or surgery. According to the medical model, someone's condition is what causes them to become disabled. Many people with disabilities reject the medical model.

Social model

The social model is an alternative way of viewing disability to the medical model. Disability arises as a result of the way that society is organised, rather than something that happens to an individual person. People become disabled as a result of the barriers present in society, such as inadequate modifications to buildings to make them accessible to wheelchair users.

The social model advocates a focus on tackling these societal barriers, rather than focusing on 'fixing' the person (as per the medical model). Doing so will make it easier for disabled people to live safely and independently, and to participate in society. Disability **activists** have done lots of work to raise awareness of the social model of disability.

Case study

Andrea, 48, was in a serious car crash a few years ago. Unfortunately, the damage to her spinal cord was so extensive that she has lost movement and sensation from the waist down. She has been struggling to cope with the sudden loss of ability and function, as she used to enjoy a busy social life and took part in lots of sports.



Application

Read Andrea's case study and think about the causes of her disability. Write down your understanding of the social model of disability.

- the medical model
- the social model

How do you think Andrea might feel about her disability? Write down your thoughts.

- the medical model
- the social model

Note down your thoughts on the social model of disability.

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Social constructs

A social construct is an idea that has been created by society that is held to be true by a population. However, this does not mean that this idea is true or actually reflects reality because the way that disability is socially constructed affects the way that disabled people are viewed.

Disability

Disability as a social construct means when the institutions of society decide what is considered a disability. This is likely to change over time and vary according to location and culture, and is context-dependent. The following 'Definitions' below will outline the definitions commonly used today.

Dependent

If someone is said to be 'dependent', this means that they need help from others to meet their needs. A common stereotype of disabled people is that they are dependent and cannot do anything for themselves. These attitudes are not helpful and can lead to disabled people being excluded or disempowered. However, this perspective is now commonly viewed as another example of a social construct. This is because many people with disabilities can do most, if not all, things for themselves – especially if societal barriers have been identified and removed.



Did you know?

In medieval times, disability was often viewed as a punishment for failings or crimes. Disability was often viewed as a punishment under the inquisition.

Definitions

It is helpful to be aware of some definitions of common terms used when discussing disabilities, as these will be relevant for many people with additional needs.

Disability

The Equality Act (2010) gives the following definition of disability: 'a 'physical or mental impairment' that has a 'substantial and long-term adverse effect' on the person's 'ability to carry out normal day-to-day activities'.

Applied activity

Before you read on, highlight the following terms:

- Disability
- Impairment
- Disablement
- Discrimination

When you've finished reading, discuss your definitions.

The World Health Organization (WHO) defines disability similarly, as an impairment (of a body structure) which leads to a limitation in the person's activities and makes it harder for them to do so.

Impairment

The term 'impairment' is used frequently when discussing disabilities, and it refers to a part or system (physical and/or mental). For instance, 'hearing' impairment refers to a problem with the auditory system.

Disablement

This term refers to the state of being unable to complete daily activities independently. For example, someone may be unable to perform their own personal care or dress themselves.

Discrimination

Discrimination against someone means to treat them unfavourably due to them having a disability. The Equality Act (2010) outlines a number of 'protected characteristics' – it is illegal to discriminate against someone on the basis of these, one of which is disability. People with disabilities are often discriminated against in a range of areas, including the workplace and in educational settings. Other protected characteristics include sexual orientation and race.

³ <https://historicengland.org.uk/research/inclusive-heritage/disability-history/1050-1485/>

B2: Minimising environmental and social barriers

People with additional needs and disabilities are likely to face challenges in the environment to participate in society. It is important to think about society's infrastructure and how it can be disabling for people. However, there are many adaptations and legal regulations in place to create a more accessible society in which everybody can participate. This section will explore how these can be overcome. Challenges include employment, inclusion and disability.

Access and barriers

Public buildings

When attempting to access public buildings, people with disabilities may encounter barriers when approaching, entering and moving around inside the building. Here are just a few examples of building to act as a barrier to accessibility:

- Steps
- Lack of grab rails
- Doors that do not open automatically
- Lack of toilets for disabled people
- Lack of lifts
- Worktops and desks that are too high

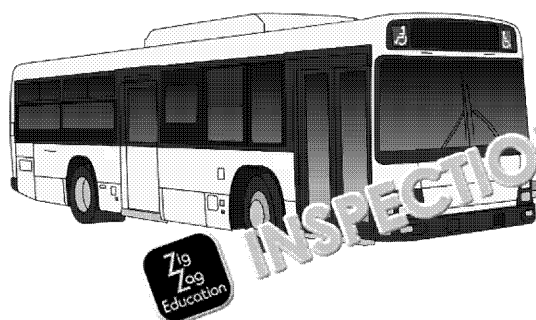
The Equality Act (2010) specifies that 'reasonable adjustments' must be made in order to overcome barriers associated with accessibility. For example, this could mean that a service clinic would be located on the ground floor of a building and toilets appropriate for use by those in wheelchairs.

Public transport

In 2018, the Department for Transport published 'The Inclusive Transport Strategy: A Plan for Disabled People'. The report highlights the difficulties faced by disabled people and the need for improvements in public transport. There are five key themes in the report which outlined how the government will improve public transport:

1. An increase in the awareness of passenger rights and ensuring these are enforced.
2. Improvement of staff training relating to the needs of disabled people.
3. Providing information in an accessible and easily understood format.
4. Improvement of infrastructure.
5. Future innovation in inclusive transport, including the use of technology and involving disabled people in innovative transport design.

The Centre for Research in Social Policy published a report in 2012 titled 'Accessibility Planning Policy: Evaluation and Future Directions'. This assessed the effectiveness of the Department for Transport's guidance and strategies for improving public transport and recommended that multiagency working (across all sectors, not just the transport sector) should be used to plan accessibility strategies, as well as local solutions to local need. The report also noted that the current strategies are limiting the success of accessibility.



The report also noted that the current strategies are limiting the success of accessibility.

The report also noted that Section C3 provides options relating to the provision of additional needs.

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Minimising barriers

Ramps

Ramps and slopes are more accessible than stairs for entering or moving around. In public buildings having ramps as an option is an important part of ensuring that 'reasonable adjustments' are made in line with the Equality Act (2010). According to Part M of the Building Regulations, the level given to ensuring that anyone can approach or enter the building and use the same entrance should be level, gently sloped or ramped – it should only be stepped if it is necessary.

Providing information in accessible formats

For people with additional needs due to sensory impairment or learning disability, information should be provided in an accessible format. For someone with visual impairment, providing information in Braille can be extremely helpful and can ensure that they are not facing additional barriers to read information provided for them. Providing information in easy-read alternatives can also ensure that people with learning disabilities are still able to understand information.

Challenges in employment

Adaptations to the working environment

As outlined above, the Equality Act 2010 aims to prevent discrimination in the workplace, including on the grounds of disability. To achieve this, employers must make reasonable adjustments which allow people with disabilities to work effectively in their role. There are three main ways that these adjustments can be made:

- Changes to workplace procedures (e.g. changing working hours)
- Physical changes to the working environment (e.g. provision of ramps)
- Provision of extra support and aid (e.g. additional training)

Use of communication aids

Part of the 'reasonable adjustments' to the workplace could include the provision of communication aids, where required. These can be particularly useful for employees who have additional needs arising from sensory or mobility impairment. For example, adapted computers and keyboards with larger keys could be provided. There is software available to aid with reading, as well as software that converts speech to text. Note also that communication aids may be arranged through the **Jobcentre** as well as an employer.



Research activity

Use the Internet to look up a recent case of disability discrimination in employment. Write up the information you find in the style of a short news article. Try to cover what effect the experience had on the person's well-being, and what kind of 'reasonable adjustments' their employers could have made.

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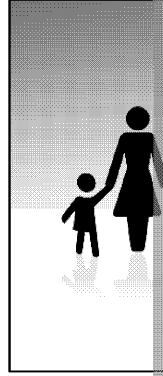


Inclusion

Being included as part of society is a key part of well-being and contributes to a sense of self-esteem and confidence.

Leisure activities

Being able to get involved with leisure activities of one's choice is an essential part of achieving holistic well-being. However, someone with disabilities may face barriers when attempting to participate in leisure activities. To avoid discrimination against people with disabilities, leisure facilities should put strategies and adaptations in place to ensure that their services are accessible to all. For example, a leisure centre should provide disabled parking bays, automatic doors and accessible changing rooms.



App
Read the brochure with...

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Case study

Tim is 20 and received a diagnosis of dyslexia when he was younger. He is overweight but has been keen to start exercising to get in better health. He goes to his local leisure centre and is offered a brochure detailing the different classes offered. It is very text-heavy and uses an unclear font. Tim starts to feel overwhelmed.



The Internet and social networking

The Internet has revolutionised the way we communicate with one another and is used to support inclusion for people with disabilities. For instance, it could be used to support groups and services, or online communities can provide useful information and support related to a specific need or disability.

However, many people with disabilities face additional challenges when attempting to use the Internet. A 'digital divide' remains between people with and without disabilities in the use of technology. Disabled people are more likely to be on a low income and, therefore, may be unable to afford a broadband subscription. Additionally, some information on the Internet is not always clear, and the format of many web pages can act as a barrier to people with learning disabilities due to confusing web page layouts and unclear links.

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Daily living

The social challenges faced by people with additional needs extend to their ability which many of us take for granted.

Shopping

For people with disabilities, going shopping can be more difficult due to the numerous encounters. The Internet can help to overcome some of these, as online shopping is convenient for many people with additional needs. Some people may also be aided by assistants to go shopping.

See also Section 3, where information is provided there about the Shopmobility



Home and personal care services

Some people with disabilities may need some assistance within their own homes to maintain independence, as an alternative to entering **residential care**. **Domiciliary care** is care to someone in their own home. This could be in the form of support to prepare meals, general cleaning and household tasks, prompts to take medication and general

Care assistants may also give people support with attending to their own personal care, such as washing and dressing. It is imperative that personal care is delivered in a way that promotes dignity and respects the privacy of the person wherever possible. Careful attention should be paid to following the person's preferred personal care routines – do they prefer a shower or a bath? Where do they like to get dressed? How would they like their hair done?

Carrying out these tasks should be done in a way that maximises the independence of the person. Care assistants should encourage service users to do things for themselves where they are able to – or, at least, with the person's assistance. This helps to build skills, confidence and self-esteem.



Mobility aids

There is a wide range of devices and pieces of equipment available which can aid people with mobility needs (for instance, due to ageing or a physical disability) to move around. Appropriately qualified health and social care professionals (for example, an occupational therapist) may do an assessment of someone's mobility needs, which will ensure the service user will receive the correct mobility aid for their needs. Examples of such mobility aids include frames, rollers and wheelchairs.

Residential care

A type of care where people live full-time in a residential care home.

Domiciliary care

Services provided in a person's own home, such as cleaning, shopping and personal care.

Research

Look up information on the internet. Write down what you find. What are some of the challenges?

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B3: Minimising personal challenges

Health and social workers have a key role to play in minimising the personal challenges for service users with additional needs. This section will explain these challenges as they relate to the emotional and social aspects of individuals' lives. However, it should be remembered that these challenges are likely to relate to the others. For instance, aiding someone to overcome physical challenges can have a positive impact on their emotional well-being.

Physical challenges

Someone may experience challenges relating to a physical disability. Health and social care workers should help to overcome these challenges to ensure that their personal care and nutrition needs are met and that people to engage in enjoyable activities.

Dressing, washing and feeding

People with physical disabilities may find it difficult to wash and dress themselves, perhaps due to mobility problems or joint stiffness. Additionally, eating safely can be challenging. For example, someone with **dysphagia** may struggle to swallow without choking, or someone with tremors may find it very hard to keep food on their cutlery. Without support to eat, some service users may be at serious risk of **malnutrition**.

Where possible, health and social care staff should encourage service users to build their independence around dressing, washing and feeding tasks, and encourage their participation. There are also aids available to make some of these tasks easier and safer for service users, such as cutlery with added grip. Additionally, eating and drinking should be treated as a social activity if possible – staff and service users could aim to eat together in a residential setting.

As these tasks are quite intimate, efforts should be made as far as possible to respect personal preferences. Building a good relationship with a service user who requires help with dressing and feeding can help them to feel more comfortable and trust that you are able to

Indoor/outdoor activity

Engaging in activities can be difficult for someone with physical disabilities, but participation in meaningful and enjoyable activities is a key part of well-being and developing self-esteem. However, some of these challenges can be overcome with the provision of appropriate **mobility aids** (as outlined above in Section B2). Health and social care staff should also help to arrange some of the practical aspects of engaging in activities, such as ensuring that someone is wearing appropriate clothing and has transport to their chosen activity.

Health and social workers have a key role to play in ensuring that someone is able to engage in activities in line with their personal preferences. A range of options should be presented to service users that are suitable for the individual (and can respond to). Each individual will be interested in different activities and should be supported to make these choices for themselves, wherever possible.

Dysphagia
Swallowing difficulties are very common in people with physical disabilities and can lead to malnutrition.

Malnutrition
Some people with physical disabilities may have difficulty eating and drinking, which can lead to malnutrition.

Appropriate
Images of people working in a park, a museum, a cafe, a shop, a restaurant, a hospital, a care home, a care plan.

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Intellectual challenges

Many people with additional needs are interested in building their knowledge and challenges when attempting to do so than people without additional needs.

Education

Participating in education can help to build new skills and knowledge, as well as confidence. Education should be accessible for all; under the Equality Act 2010 it is illegal to discriminate on the grounds of their ability. Health and social care workers can support people they work with by helping them to access educational services and identify those interested in taking part. Flexible educational courses may also be preferred by people with additional needs. This means that they can be undertaken more flexibly and from someone's



Media

Media is not always accessible for people with additional needs. For instance, text is too small for someone with visual impairment to read. This can lead to social exclusion and difficulty to keep up with recent developments or find out what is going on in their local community. Mainstream newspapers and magazines are now available in accessible formats, such as large print or audio CD. For instance, the Royal National Institute for the Blind Newsagent service provides information for these.

Accessing media online, rather than print, can also be a useful strategy for people with additional needs because they may be able to access information via audio and video and can make their own notes. They can also read the information.

The Internet

As mentioned briefly above, the Internet can help people with disabilities to meet their needs because it may be a more accessible way to access information than print media, and it allows people to undertake educational courses. Although some service users may not be experienced with IT, there are many groups and services that offer IT training courses for beginners.

However, there may be some barriers faced by people with additional needs when using the Internet, which are explored in Section B2 – revisit this section if you need to.



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Emotional challenges

Having additional needs can lead to a number of emotional challenges, relating to needs. Health and social care workers should aim to support service users to cope with these challenges, to improve emotional and psychological well-being.

Isolation

People with additional needs are at a greater risk of being isolated, which can have a significant impact on someone's mental health. For instance, an elderly person with mobility needs and limited financial resources may find it very hard to leave their own home and go out and meet with others. The barriers to accessibility present in society's infrastructure contribute to this risk of isolation, as they result in many people with additional needs finding it much harder to be included within society.



Did you know?

Research has shown that people with additional needs are at a higher risk of being isolated than those without. This highlights the importance of maintaining good relationships with others.

Health and social care workers have a responsibility to support service users to develop and maintain social networks in order to avoid isolation. For example, they should support service users to make and maintain friends and family. They could also help service users attend places such as day centres to provide an opportunity to increase their social network.

Depression

Depression is a mental health condition, characterised by persistent sadness and loss of interest in activities. People with depression may also lose motivation and their sense of enjoyment, or may be unable to carry out daily activities. Depression can lead to a vicious circle of mental health decline, as a depressed person may be less likely to engage in activities which could improve their mood. Depression may occur as a response to a major life event, such as a sudden loss of sight and the associated changes and impact on one's life.

Health and social care workers should provide emotional support to people they work with. Building a good relationship with a service user, letting someone know that you are listening and understanding their needs can be extremely helpful. A referral to specialist mental health services may also be appropriate.

Dependency

As defined in Section B1, 'dependency' means that someone requires assistance from another person to fulfil their needs. Being in a state of dependency can have a serious impact on someone's emotional well-being. For instance, the self-esteem of someone who was previously able to do things for themselves may be severely reduced following an illness or injury, if they now require assistance from others to live safely.

Health and social care workers should carry out tasks in a way that seeks to maximise the self-esteem of the people they work with. In some circumstances, this can also avoid dependency. For example, in the first place, if they are encouraged to retain their skills and learn new ones. In other circumstances in which it is necessary for a worker to assist a service user, workers should ensure that people with disabilities make them physically incapable of performing a certain action. In these circumstances, workers should perform tasks to a high standard, demonstrating thoroughness and reliability, in order to support the independence of the service user. The preferences of the service user should also be identified and followed.

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⁴ <https://www.campaigntoendloneliness.org/loneliness-research/>

Social challenges

Socialising may be harder for some people with additional needs. However, every person has the right to form and maintain positive and positive relationships within their lives. Health and social care workers should support people who they work with.

Friendships

Having friendships can lead to numerous positive impacts on well-being. However, people with disabilities may find it harder to meet or see their friends. This can partly be due to society's negative assumptions of disabled people, as people with disabilities may be less likely to speak to them or include them. It may also be more difficult for people with disabilities to go out and about to socialise, especially if the individual is dependent on the support and availability of a carer in order to do so. As outlined in the 'Isolation' section above, health and social care workers should aim to support service users with the development and maintenance of social relationships.

Personal relationships

There are many negative stereotypes that exist that suggest that people with disabilities do not have personal/romantic relationships. However, this is simply not true – everyone has the right to form and maintain personal and many people with disabilities also desire intimacy, affection and a supportive relationship. Health and social care workers should also aim to support service users to develop healthy romantic relationships. This may involve supporting people to access contraceptive services or receive sex education. Furthermore, **LGBT** service users may also have some additional needs. For instance, they may prefer to attend LGBT-friendly services or social occasions.

However, it is important to note that there may be some ethical issues that arise regarding relationships for people with additional needs if there are issues around capacity. It is essential that **capacity** to consent to a romantic and/or sexual relationship is demonstrated, otherwise this becomes a safeguarding concern. Section C5 also gives some additional information about mental capacity and relevant legislation.

Case study

Yusuf is a 23-year-old man with learning disabilities. He has met a girl he likes at the disco that he regularly attends at his local day centre. Her name is Emma, and she is also 23 with learning disabilities. They have both started seeing each other outside of the day centre, and have found that they both like playing badminton and painting.



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Applied activity

Read the case study above, and imagine you are Yusuf's support worker. Write a paragraph that answers the following questions:

- How could Yusuf's relationship benefit his physical, intellectual, emotional and social well-being?
- How would you support Yusuf to maintain his relationship?
- How would you support Yusuf to remain safe in his relationship?



B4: Attitudes of others

The attitudes of other people towards those with additional needs can have a significant impact on their well-being. Health and social care workers should try to be aware of some of the attitudes that the general public might hold about the client group they work with. This will make it easier to challenge these perceptions as and when the situation arises. Workers should also be aware of how these attitudes could impact upon their client group, and what ways of limiting their impact have been identified and implemented in advance.

Stereotyping and judgemental assumptions

People with additional needs may face stereotyping by others. A **stereotype** is a belief held about a group of people which is then applied to all members of that group without regard for individuality. Similarly, **judgemental assumptions** are negative expectations about the behaviour or characteristics of a given group of people. Stereotypes and judgemental assumptions are not necessarily based on reality and can often be very harmful. For example, someone may believe that people in wheelchairs are always unable to do anything for themselves, or believe that all people with learning disabilities have no interest in romantic relationships.

For people with additional needs, such stereotypes can lead to a very serious impact on health and well-being. For instance, assuming that people in wheelchairs cannot do anything for themselves can lead to **disempowerment** and **social exclusion**. Stereotyping people with learning disabilities who are unable to work or participate in education can lead to their educational/intellectual needs remaining unmet, potentially impacting upon their self-esteem and confidence.

As part of **anti-discriminatory practice**, health and social care workers have a duty to challenge stereotyping and judgemental assumptions when they occur. People often hold these beliefs and not realise that they are not rooted in reality – perhaps they have never had any real-world contact with someone with certain additional needs before. This represents an opportunity to be educated on the reality of someone's experiences, and hopefully they will be receptive to the new information. However, it will unfortunately not always be possible to alter someone's stereotypical or judgemental beliefs as some people will be unwilling to have their opinions altered.

Applied activity

Can you think of any stereotypes which are commonly applied to people with disabilities?

With a partner, discuss how this would feel if they were applied to you, and how these stereotypes could have an impact on someone's additional needs.

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Marginalisation

'Marginalisation' means the social exclusion of a particular group. This section will cover two key ways in which this can occur – by failing to include people with additional needs, and by avoidance of people with additional needs. Both of these types of marginalisation can be motivated by underlying stereotypes and judgemental assumptions that are held.

Failure to include

People with additional needs are at a higher risk of not being included in society's activities. As well as being due to stereotypes and judgemental assumptions, this can occur if necessary provisions are not made to enable someone with additional needs to participate. For example, a museum that is not wheelchair accessible would make it incredibly difficult for someone with a physical disability to visit. Similarly, if a play was put on at a venue that does not have audio induction loops, someone with hearing impairment would be excluded from attending.



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Case study

George is 30 and has a diagnosis of autism-spectrum disorder. He lives independently but really enjoys seeing his family frequently. His family have planned a summer trip to a theme park, but have not invited him as they were concerned about the possibility of sensory overload. George finds out when he sees the pictures of everyone having a good time on social media.



Application

Read the text and answer the questions.

- Write a short paragraph explaining why George was not invited to the theme park.
- Suggest two ways in which the family could have made the trip more accessible for George.

Avoidance

People with individual needs are also at a higher risk of being avoided by the rest of the public. Avoidance means to deliberately not interact with someone (or a group), and can manifest as someone avoiding someone by not approaching them to make conversation.



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It's important to note that this may not always be motivated by a malicious intent. The general public may be unsure of how to behave or act towards someone with additional needs, perhaps for fear of 'getting it wrong'. In this way, avoidance acts as a coping strategy for the underlying anxiety and awkwardness that is felt. This is partly why it is so critical for health and social care workers to act in a way which aims to tackle stereotypes and judgemental assumptions. By raising awareness of the reality of people with individual needs, the general public can become better educated which, in theory, could reduce the extent to which people with individual needs are avoided.⁵



Did you know?

In 2014, the Equality and Human Rights Commission carried out research into public attitudes towards people with disabilities. It found that two-thirds of people surveyed said they would feel uncomfortable talking to someone with a disability. A further 70% said they had experienced less than positive interactions with someone with a disability. Research also found that people with disabilities were expected to be less capable than people without disabilities. Research also found that people with disabilities were expected to be more challenging than people without disabilities.



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⁵ <http://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-to-people.pdf?ext=.pdf>

Discrimination

Discrimination is the term for treating someone (or a group) differently – usually on the basis of their characteristics, and can take many forms. For instance, maternity discrimination occurs when a woman is made redundant from her job due to pregnancy. If someone is refused service at a restaurant because of their skin, this is racial discrimination.

With regard to people with additional needs due to illness or disability, a common form of discrimination is via a failure to make adjustments or modifications in an employment context, so that they may find it harder to obtain or stay in a job for these reasons. For instance, an employer may refuse to provide additional equipment required by someone to be able to do their job. The employer may be incredibly difficult to deal with, the employee may suffer, and the employer might use their power to dismiss. This is discrimination and it is illegal. As described above in Section B2, employers are required to make 'reasonable adjustments' in order to accommodate the needs of people with additional needs.

Disempowerment

Disempowerment is the opposite of empowerment – it means to remove or reduce someone's power over their own life. This can have a profound effect on someone's well-being, as it can lead to a loss of esteem and confidence. This section will cover three main ways that disempowerment can occur, which are by not allowing individuals to make decisions, by removing choice, and by labelling.

Not allowing individuals to make decisions

Not allowing someone to make a decision can be incredibly disempowering. Health professionals may feel that they 'know best' and make a decision for someone. They may not consult the person on what the person would choose for themselves and may not consult the person on what they are capable of. This can become even more complex in the case of people with reduced mental capacity (covered in Section C5). Someone may be found to lack the capacity to make one specific decision, but they may be able to make a different decision, which must be respected.

Health and social care professionals should make all possible efforts to present the relevant information in order to support a decision in a way that they understand. For instance, if a GP is presenting options with a person with learning disabilities, they may need to avoid using complex language. A person is given enough time to process what has been said. This is more empowering, shows respect and as a more equal partner in the decision-making process.

Removing choice

Removing choice is another way that disempowerment can occur, and is very similar to not allowing individuals to make decisions. Giving people choices and options is a key part of delivering person-centred care and values people as individuals. For example, if staff at a care home get service users to go to bed when service users actually want to go to bed, this would be a removal of choice. Providing choices and options are other common examples of disempowerment by removing choice.

Labelling

Labelling is closely linked to stereotyping and judgemental assumptions, and occurs when stereotypes are applied to individuals. In the context of disempowerment, this means the labelling of people with additional needs with stereotypes that reduce their ability to have control over their lives. For instance, staff may label someone with dementia as having no interest in activities with the result of them being excluded from potentially enjoyable activities. Failure to offer involvement in fulfilling activities will result in lowered self-esteem and have an impact on their psychological well-being.

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Section B Revision questions

1. Outline the medical model of disability and the social model of disability.
2. Explain the meaning of the term 'social construct' in relation to disability.
3. Identify **one** barrier to accessing public buildings, and explain how it could be overcome.
4. Explain **two** challenges to social inclusion for people with additional needs.
5. Identify **two** mobility aids and explain how these could help someone with a physical disability in their daily living.
6. Outline **one** emotional challenge that might be faced by someone with a physical disability.
7. Define 'stereotyping' and outline how this may affect someone with a physical disability.
8. Describe **two** ways that someone with additional needs may be discriminated against.
9. Read the following case material.

Rebecca, 20, has cerebral palsy. Her condition has affected her mobility and she uses a wheelchair, but she does not have learning disabilities. She is planning to start university next year, and is looking for a flat on moving out of her parents' home to do so. She will need to work out how her additional needs relating to her condition will affect her university experience.

Give an example of how each of the following challenges could impact on Rebecca's experience of university:

- a) Getting around the university campus
- b) Challenges relating to her physical needs
- c) Challenges relating to her social needs
- d) The attitudes of others

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Chapter C: Investigate current practice with x for individuals with additional n

C1: Professionals involved in support with additional needs

Job roles of those working for people with additic

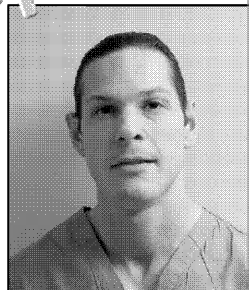
Someone with additional needs is likely to come into contact with a wide range of professional roles, particularly if their needs are complex. Each profession has its own set of skills and responsibilities. The range of professionals involved in someone's care will depend on what their needs are. Research the roles of some of the professionals listed below, and research them in more detail if you would like.

Community learning disability nurses

These specialised nurses work with people with learning disabilities across a range of settings, including service users' own homes, health services and community centres. They help people to cope with mental and physical health needs. Community learning disability nurses help people to live more independently and find ways to overcome challenges to daily living. They also help people to find employment opportunities and engage in enjoyable and fulfilling activities.

Case study

Andrew, 42, is a community learning disability nurse. He has gone to visit Ronnie, 28, who is a new client on his caseload. Ronnie has mild learning disabilities and lives in his own home, but it is apparent that he is struggling with a few tasks of daily living. His house is very untidy, with lots of trip hazards on the floor. Ronnie also tells Andrew that he doesn't cook much at home and prefers to eat takeaway. This is because he is a bit nervous about going to the shop and doesn't feel confident in writing himself a groceries list.



Occupational therapists

Someone might be seen by an occupational therapist if they have difficulties carrying out everyday activities, such as dressing or maintaining a home, perhaps due to a learning disability or ageing. Occupational therapists help the person find ways to overcome the obstacles they are facing.

Physiotherapists

Physiotherapy (sometimes called 'physical therapy') helps people who have problems with their joints, **soft tissue** and/or **muscles**. Physiotherapy can also help people who have suffered a **stroke** or **mobility** as a result of another illness (for example, a **fracture**). A physiotherapist may use a number of techniques, such as **exercise therapy** or **manual therapy** (using their hands) to **relieve** the problem and improve mobility.

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Psychiatrists

These are doctors with specialist knowledge of the diagnosis and treatment of mental illness. Due to their medical training, psychiatrists also have knowledge of physical health problems and can work with patients on both their physical and mental health needs. Psychiatrists can prescribe medication and develop treatment plans, working with a range of groups including adult, child and adolescent, and in **forensic** settings.

Psychologists

Psychologists offer 'talking' therapies such as psychotherapy to groups with a range of types of psychological issues, with different specialisations. For example:

- **Clinical psychologist** – expertise in mental illness. Their work aims to reduce the impact of mental health problems and help people become more involved with occupational and meaningful activities.
- **Educational psychologist** – expertise in child development and learning. They help people (and their families) to help them overcome issues in their learning.
- **Occupational psychologist** – they apply psychological principles to the workplace. They help with individual and group issues in the workplace and provide counselling to employees.

Social workers

Social workers are often employed by the local authority, the NHS, and **voluntary sector** organisations. Their key role is to safeguard vulnerable groups from harm. Social workers also help to promote social inclusion, help people to live independently, and arrange appropriate support in order for people to do so.

Social workers may work with groups of vulnerable adults (for example, in mental health, learning disability, or some elderly people) or in children's services. Social workers who work with children may help to arrange placements for children who are too risky, or work with families to ensure that their children are safe and their needs are met.

Speech and language therapists

Speech and language therapists (SLTs) help people with communication, including speaking or understanding language. SLTs can also help people who have difficulty with reading or writing.

Special needs teachers

These are specialised teachers who work with children and young people with additional needs. They work to create a positive learning environment that can account for these needs, to ensure that the young people are able to learn and progress with their education. For example, they may adapt regular teaching methods, use specialist communication methods (for example, **Makaton**) or make use of technology to aid students' learning.

Applied activity

Choose one of the professions above, and write a 'day in the life' summary of the different tasks involved in that role. Research more about the profession and how it meets the needs of the people it serves.

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C2: Support and adaptations for individuals with additional needs

The specific approach taken to providing support to someone with additional needs are. For example, someone may be provided with specialised equipment or different kinds of therapy to meet their emotional and communication needs. This can be short- or long-term, depending on the complexity of the need and the way that someone

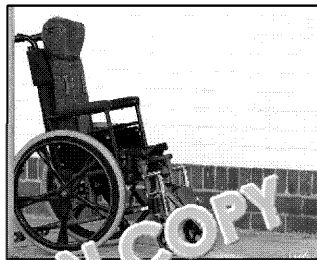
Equipment and adaptations

There are lots of devices available which help service users to increase and maintain their independence. Assessments for need for equipment/adaptations are often carried out by occupational therapists and physiotherapists. Support workers and care assistants will often further encourage and help to build service users' confidence in using them.

Mobility aids

There is a range of devices that can help people with mobility difficulties to get around their home or out in the community. Look at the diagram below for a list of a few devices.

- Slings
- Hoists
- Stairlifts
- Wheelchairs
- Mobility scooter
- Walking stick/frame



Research activity
Choose one device from the list above and research its uses and how it can be used in addition to other aids.

Daily living adaptations

There are many modifications that can be made to someone's home, or the items used in daily living, which can help people with additional needs. For instance, cutlery with built-in grips (to reduce the risk of dropping) and specialised straws can all aid people during meal times to eat and drink. Adaptations such as grab rails, raised toilet seats and **wet rooms** can make it easier for people with paraplegia to move around their home and attend to personal care.

Communication aids

Many reasons exist that can make it difficult for people to communicate, including learning disabilities and sensory impairment. Have a look at the table below to learn about some ways that people can overcome barriers to communication.

	Hearing aids	Makaton
What is it?	A type of device that sits in and/or around the ear. It amplifies sound, and can help people with hearing impairment to understand things more easily.	A system of communication using symbols and signs, including pictures and gestures. It was designed to make it easier for people with limited verbal abilities (such as some people with learning disabilities) to communicate.

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Research activity
The communication aids noted in the table above are not the only ones available for people with additional needs. Look up 'communication boards' and 'assistive technology for communication' and list the communication aids you find.

Therapies

There are many different healthcare roles that involve being trained in delivering care. Below are some of the roles you will learn about in this unit. Below to learn about a few different approaches and how these can help people with additional needs.

Occupational therapy

Occupational therapy is designed to help people overcome barriers to daily living. For example, someone with a physical disability may find it very difficult to get dressed. Alternatively, someone with hearing impairment may not be able to hear the doorbell. An occupational therapist would carry out an assessment of the person's additional needs and provide support to help them overcome these problems. For instance, they might help someone learn how to use specialist equipment to be made accessible in their home. They will review the person's progress and need for support given accordingly.


Art therapy

Art therapists are **allied health professionals** who use art to support people with emotional and/or behavioural difficulties. Art can be used for self-expression and can act as a catalyst for therapeutic discussion. Art therapy can be extremely useful for people who struggle to express themselves verbally or those who are dealing with extremely distressing issues. It can be undertaken one-on-one or in groups and may take place in a range of settings, including NHS premises or in an educational service.


Allied health professionals are those who are not doctors or nurses but who work in the health service.

Case study

Raheena, 28, is an art therapist and today she is working at an inpatient psychiatric unit for young people. She is having a one-on-one session with Jess, 14, who suffers from depression and often goes through periods of **selective mutism**. She has not spoken much since arriving at the unit about a month ago, but she told staff she likes to draw and paint. Jess is working with Raheena on a painting, which she is using to express how she feels. Through doing this piece of art, Jess sometimes finds it easier to speak to Raheena about her difficulties.



Selective mutism – not speaking, despite having the ability to speak. Can relate to particular situations, and often occurs due to anxiety.



Applied activity

Read the case study, and identify a paragraph to explain how art therapy can help to meet your emotional needs.

Music therapy

Music therapists are also allied health professionals. They use music as a means of communication. Music can stimulate discussion and interaction. Music also encourages self-expression, and people do not need to have any prior musical ability in order to participate. Music therapists also work in schools and hospitals.

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Speech therapy

Speech therapy helps people who have difficulties with communication, including understanding language. Speech therapists work with different groups of people (older adults and people with learning disabilities) to help them overcome barriers to various tasks and exercises. Speech therapy can also be useful for people who have dysphagia, including by teaching people exercises to build the strength of the muscles in the mouth.

Physiotherapy

Physiotherapy can be very beneficial for people with additional needs arising from problems with their joints, bones, and/or soft tissue. These needs could be caused by illness or injury which has affected their ability to move around. Physiotherapists may use a combination of approaches to help their clients, including manual therapy (for example, massage), teaching exercises which will increase mobility, and **electrotherapy**.

Electrotherapy
the use of electrical currents
ultrasound
of the body

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Short- and long-term support

The length of support provided to someone will depend on the needs that they have. The therapies required or adaptations that must be made may take more time if the person is likely to deteriorate.

Short-term support

If someone's additional needs are immediate and/or can be met quite easily, they are likely to receive only short-term support – if this is all that is required to address their needs. For example, short-term support may be provided to someone who is otherwise fit and healthy who is recovering from an operation or an **acute illness**. Someone with a temporary reduction in mobility may have a **domiciliary care assistant** visit their home for a short period of time in order to help them maintain the activities of daily living.

Acute – sudden or severe, especially a long-term condition.

Domiciliary care – care provided in someone's home. For example, a domiciliary care assistant may provide support to help someone prepare to go to work.

Long-term support

In the circumstance of someone having more complex needs, they are likely to require support over a longer period of time. There may be a multidisciplinary team involved, with specialist professionals who work to meet a range of needs. An example of long-term support could be when someone becomes dependent on psychiatric care, or someone diagnosed with dementia as they may later need to move into residential care as their condition deteriorates. Someone in receipt of long-term support will be visited regularly, to check progress and to identify any additional needs that arise over time.

Case study

John, 33, is living in a residential service for men with mental health problems. He was diagnosed with schizophrenia in his early twenties and has also struggled with drug abuse in the past. He has been living in the service for 18 months but the maximum limit for long-term support from this service is two years. His mental health has greatly improved over this time and his symptoms are well managed with participation in therapy and medication. He is excited about his progress and moving towards living more independently, but he is becoming more anxious about his ability to cope as the date gets closer. He speaks to his support worker Jenny, as he is nervous that he won't be able to carry out the activities of daily living independently and will suffer a decline in his mental health as a result.

Schizophrenia – a serious mental health condition which features psychosis (a detachment from reality). Common symptoms include hallucinations and delusions.

Applied activity

Read John and Jenny's case study. What would you do to help John move towards more independent living? How would you help him cope with a continuation of his condition?

Write a short plan to explain how you would help John with the following:

- how you would help John with the activities of daily living
- what kind of support you would provide to help him cope when he is in his current situation

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C3: Financial support for individuals with additional needs

People with additional needs may need some financial assistance in order to live. This assistance can come in multiple forms, including the provision of welfare benefits, and help with transport. The person's eligibility for these benefits and the financial assistance are provided.

Welfare rights

There are many different welfare benefits available to many people with additional needs. These can be hugely helpful in terms of supporting people to maintain tenancies and the activities of daily living, such as paying bills and buying groceries. The provision of welfare benefits can, therefore, support the maintenance of both physical and mental health, due to the reduction in stress levels over financial concerns. Look at the table below to learn about some of the welfare benefits that are currently available.

National Insurance contributions which people must pay when they work. It is used to fund the State Pension.

	What is it and how can it help
State Pension	This is a regular payment provided by the government to eligible people from a certain age. To qualify for the highest amount, you must have made sufficient contributions of National Insurance . The current maximum weekly amount for the Basic State Pension is £129.20 per week (current figures). The amount is reduced for those financially as many people stop working in this life stage, and some are eligible for top-ups to this amount. The New State Pension is not given automatically. Note that the New State Pension applies to men born on or after 6 April 1953 and women born on or after 6 April 1953. Maximum weekly amounts for the New State Pension are £10.42 (current figures). Find out more at: https://www.gov.uk/state-pension/what-you-can-get
Pension Credit	This benefit is made up of two parts, both based on income. The first part tops up any weekly income below £167.25 per week for a single person or £268.25 for couples (current figures). The second part – 'Savings Credit' – is available to people who have retirement savings, such as a pension. For single people, it could be up to £13.73; for couples, it could be up to £15.35 (current figures). Pension Credit provides financial support to older adults.
Housing Benefit*	This provides financial assistance with rent, either fully or in part. Eligible people include: those eligible for benefit premiums relating to severe mental health problems; people of Pension age; people living in temporary accommodation, sheltered housing or hostels; and, from May 2019, people in couples can only make a new claim for Housing Benefit if one member is of State Pension age, or if one member is of State Pension age and the other is eligible for Pension Credit for both people. Housing Benefit can help people with additional needs, particularly if unable to work due to illness or disability. Find out more at: https://www.gov.uk/housing-benefit
Council Tax Reduction	Similarly to Housing Benefit, you may be eligible for a full or partial reduction on your council tax bill if you are on a low income or in receipt of some welfare benefits. Find out more at: https://www.gov.uk/apply-council-tax-reduction
Health benefits	Many different groups (for example, people over 60, aged 16–18, people with certain medical conditions) are eligible to receive some health benefits which usually involve a small cost. These can include free sight tests, prescriptions and transport to hospital.

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*You should also be aware that there have been recent substantial changes to the major change is the introduction of Universal Credit, the rollout of which started in 2013. Universal Credit is a new in-one benefit that for many people has replaced several older benefits (sometimes referred to as 'legacy benefits'), including:

- Housing Benefit
- Child Tax Credit
- Income Support
- Working Tax Credit
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance

Research



There are other financial benefits available to people who cannot work due to disability. Research the eligibility criteria and assessment process for the following benefits:

- Employment and Support Allowance
- Personal Independence Payment

Write a short summary of what each benefit is and how it can help people with additional needs.

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Support for people at work

People with additional needs may face barriers in the world of work. This could be in finding a job, doing an existing job (for example, in the event of accident or injury) or difficulties for a person with disabilities or additional communication needs.

Disability Employment Advisers

These are also known as 'work coaches' and are based in Jobcentres. They provide support to people who also have additional needs. For example, they can do an assessment of the kind of work that they would be able to do. Disability Employment Advisers can help people meet their work goals and help candidates to build their skills, ready to enter the workforce. They can also help people apply for jobs and prepare for interviews.



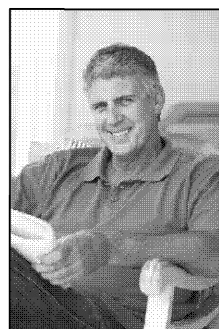
The Work and Health Programme

This programme was previously known as 'Work Choice' and involved two components: 'Work Choice' (support to find a job, provided for a maximum of six months) and 'In-Work Support' (support provided for a maximum of 12 months).

As of January 2018, this has been replaced by the 'Work and Health Programme'. This programme is voluntary, unless someone has been in receipt of unemployment benefits for two years. Support from the programme are not only people with disabilities, but also include people with mental health problems, violence and ex-offenders. Someone may be referred to this programme by their employer or a health professional. The programme provides individualised support which helps someone to identify their strengths and weaknesses. Participation in the programme will also involve being matched to appropriate work. The programme also provides support to manage the impact of health problems on work.

Case study

Abel, 50, is a Disability Employment Adviser and works in his local Jobcentre. He recently started working with Caroline, 32, who has learning difficulties. She has not had a job for some time and is keen to try something new. Abel first did an assessment with her to work out what needs Caroline might have and how she can be supported through her job search. Caroline likes using technology but has not had much experience using a computer, so Abel arranges for her to attend a basic IT skills training course.



Applied activity

Read Abel and Caroline's case study, and note down your answers to the following questions.

- How could going on an IT skills course help Caroline?
- How could Abel help Caroline build her confidence in attending job interviews?

Write a short action plan that outlines how Abel can continue to support Caroline.



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Transport support

Many of us take our ability to get around for granted. However, for someone with sensory or mobility impairment – getting around can be extremely difficult. This means people are less able to participate in society and access the services or facilities that are in place which aim to help people with additional needs overcome some of these barriers.

Blue Badge scheme

Many people with disabilities are entitled to receive a 'Blue Badge', which will allow them to park in disabled parking bays. This makes it much easier for disabled people to access services and facilities. As the disabled spaces are always located much closer to entrances. This can greatly reduce access barriers for people with additional needs arising from mobility impairment. Note that some people who have children with health needs are also entitled to receive a Blue Badge. Certain groups of people are automatically eligible to receive the Blue Badge, such as those on certain benefits and people who are registered as blind.

Applied activity

Imagine you have been discharged from hospital for a few days. You are temporarily unable to walk long distances, and are unable to do any work at the time being. Discuss with your peer:

- If you had a car, what would be some of the obstacles you would face?
- Could you access public transport?

Shopmobility

This is a nationwide scheme that aims to make access into town centres and shops easier for people with mobility needs. It involves the lending of mobility aids such as wheelchairs and motorised scooters. Each local authority sets the rules of its own scheme – some are free and some involve paying a small fee.

Accessible buses and transport

Methods of public transport such as buses and taxis are often adapted to be more accessible for people with additional needs. For instance, nearly all buses (with the exception of a few older vehicles) have ramps for wheelchair access. There are also usually priority seats towards the front of the bus which are reserved for people with mobility issues or pregnant women. Many taxis can also now accommodate people by fitting ramps and offering a priority service to these groups.

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Support for carers

In this section, ‘informal’ carers are being discussed, meaning people who are providing care in an unofficial, unpaid capacity. Anyone can take on the role of a carer – it could be a spouse, partner, friend or neighbour. Providing care and support to someone with additional needs can also have a huge impact on the health and well-being of a carer. Further, it can affect the carer’s ability to engage in other occupational and social activities. Often, however, there are additional schemes in place which aim to provide carers with

Case study

Caitlin, 15, is a young carer for her mum, Jackie, 44. Jackie has multiple sclerosis and sometimes finds walking very difficult. Caitlin is still at school but provides a lot of assistance to her mum around the house and often babysits for her three younger siblings.



Applied activity

Read Caitlin and Jackie’s case study. Write a paragraph explaining the impact that being a young carer could have on Caitlin’s development. What kind of additional needs might Caitlin have?

Multiple sclerosis

An autoimmune disease that affects the brain and spinal cord, causing a range of symptoms such as mobility problems, vision impairment. Multiple sclerosis is often episodic in nature.

Care Act 2014

Some carers are eligible for support under the Care Act 2014. Three conditions must be met for a carer to be eligible:

- **Condition 1:** The carer has substantial needs because of the necessary care (for tasks) they are providing for the person.
- **Condition 2:** The carer is experiencing a decline in mental and/or physical health or is unable to achieve the activities of normal life.
- **Condition 3:** Due to not achieving the activities of normal life, the carer is likely to experience a decline in their well-being.

This assessment will be carried out by the local authority. If it is determined that the carer is eligible, then the local authority is required to outline how they will help to meet the carer’s needs.

Carer’s Allowance

This is a welfare benefit specifically for carers which can help them to overcome some of the challenges of providing care. Being a carer can limit someone’s ability to work due to the time spent providing care to another person, meaning there is often a loss of income and financial hardship. Carer’s Allowance provides up to £66.15 per week (current figures – July 2019). However, there are several conditions that must be satisfied. For example, the person has to spend at least 3.5 hours per week providing care and the person receiving care must be in receipt of certain benefits, and the carer’s income must be below a certain level. However, it is not necessary that the carer lives with the person they care for.

Find out more about Carer’s Allowance at: <https://www.gov.uk/carers-allowance>

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C1–C3 Revision questions

1. Describe the role of a community learning disability nurse in support with additional needs.
2. Explain **two** ways that an occupational therapist could help someone independently.
3. Outline **three** strategies that a special needs teacher could use to de environment for a child with special educational needs.
4. Identify **two** mobility aids, and explain how each helps someone with
5. Describe music therapy and **one** way that it could help someone with
6. Explain the difference between short-term and long-term support.
7. Outline how **three** welfare benefits can provide financial support to
8. Describe the role of a Disability Employment Advisor, giving **three** assist someone with additional needs to look for a job.
9. Explain what the Blue Badge scheme is, and how it helps people with
10. Describe the assessment process for support for carers, under the C
11. Read the following case information.

Angela is 75, and has Parkinson's disease. This condition is degenerative involuntary shaking (tremors), difficulty swallowing, and stiffness in the muscles. David, is also 75 and is currently acting as her sole carer, as their child is unable to care for them.

Referring to the case material, write a short report about the care and support provided to Angela and David. Ensure that your report covers each of the following (you may wish to use them as headings to structure your answer).

- a) Professionals who could become involved
- b) Therapies that could help
- c) Financial assistance which Angela and/or David may be eligible for

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C4: Statutory provision for children with additional needs

This section will explain some of the statutory provision of care and support to children with additional needs. 'Statutory' means according to the law, which, therefore, means that everyone in England must have access to these services – if the relevant eligibility criteria are met.

Note that you are required to have a good understanding of current legislation for your region. The legislation must also be applicable to England, Wales or Northern Ireland.

Common Assessment Framework (CAF)

Abbreviated as the CAF, this is a standardised way of assessing the needs of children and their families. This is undertaken as a way of identifying needs at an early stage, which subsequently allows for early intervention. It results in the development of an individualised support plan which outlines exactly how the needs of the child and their family will be met. The CAF should be used if it is suspected that the child has additional or unmet needs; for example, if two or more agencies provide support to the child and/or their family. The overall aim is to improve the way that a child's needs are met, based on the improvement of joint working and coordination between agencies. There are four key stages involved:

- Early identification of needs
- Assessing these needs
- Providing services in an integrated way
- Reviews of progress

The CAF was introduced as part of the 'Every Child Matters' initiative – a government initiative which proposed childcare reforms. The CAF is likely to be used in circumstances where a child has additional needs enough to warrant the use of higher-level support measures, such as a safeguarding plan.

The Local Offer (from 1st September 2014)

To ensure that children with special educational needs and/or disabilities (SEND) are supported effectively, health and educational services should work together. The 'Local Offer' is a document produced by local authorities to set out which services (educational, social and health) are currently available to children and their families in the local area. Advice should be published about what help is available for children with SEND prepare for their transition towards adulthood and living independently, such as housing, employment and occupational support. Information relating to the transport services available for children with SEND at school should also be provided.

The local authority is also required to provide information about the procedures involved in accessing all relevant services. The overall aim of the Local Offer is to make the information for SEND support much clearer and help services to be accessed more effectively.

i **Did you know?** The government's 'Every Child Matters' initiative was a major initiative of Victoria's government. It was introduced in 2004, following eight years of child abuse from Victoria's aunt and uncle. The initiative had been a major success and social reform in her life, but her death was a tragedy.

Remember Local authorities are required to provide information about the services available in the local area.

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Education, Health and Care plans

If a child or young person has a greater level of additional need than usual SEND support, they may be eligible to receive an Education, Health and Care (EHC) plan; these were introduced in September 2014. An EHC plan can be requested by a parent for their child, or a young person aged 16–25 years old. The assessment will be carried out by the local authority, which will identify their care needs and outline exactly how support will be provided. In order to meet the needs identified in the assessment, additional evidence, such as school or doctor's reports, can be submitted.

If a child / young person is granted an EHC plan, they may also be allocated a 'personal budget'. This means that their parent/guardian has some control over how the budget for their child's care is spent. They can choose to pay for a support service of their choice directly. Personal health budgets were introduced in Section C.1. Note that EHC plans are available up until 25 years of age.

Case study

Elizabeth and Peter, both 40, are concerned about their child's progress at his school. Alex, 10, was diagnosed a few years ago with autism-spectrum disorder and he has been displaying challenging behaviour more frequently in the past few months. He is also often refusing to attend school. His school provides him with some additional support by giving him extra time to complete assignments and one-to-one support in the classroom. However, he is still falling behind. His parents ask his teacher, Jane, about an Education, Health and Care plan.

Applied activity

Read the case study about Alex, and imagine that you are his teacher, Jane. Write a short summary for Alex's parents that explains what an Educational, Health and Care plan is. Make at least two suggestions for what could help to meet Alex's additional needs.

Codes of practice, legislation and policies

The SEND code of practice is applicable to the provision of support to people with disabilities from birth to 25 years of age. Effective from September 2014, it was produced by the Department of Education and the Department of Health and Social Care. It contains the requirements that absolutely have to be followed in all circumstances, according to the law) and states that other requirements should be followed, unless there is an extremely good reason not to do so). The requirements apply to all providers of services to those with special educational needs and disabilities, including (but not limited to):

- Teaching staff
- Local authorities
- Health and social care services
- SEND coordinators

Research activity

Look up the SEND code of practice and use it to complete the following tasks:

- Identify three more organisations that the code is applicable to.
- Write two key principles that the code states.
- Note two ways that these principles are put out in practice.

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C5: Statutory provision for adults with additional needs

There is also support that must be provided by law to adults who have additional needs. In this section, you will get a brief overview of some of this statutory provision and the codes of practice and guidelines that have been developed. As previously in Section C4, you are required to have an understanding of current legislation and how it applies. This legislation must also be applicable to England, Wales or Northern Ireland.

Codes of practice, legislation and policies

People who work with adults with additional needs are required to follow a range of guidelines and policies according to the law. Specific elements of these guidelines might vary depending on the setting (e.g. health care or social care group) but they are all underpinned by the same core principles and legislation (for example, the Human Rights Act 1998, the Mental Capacity Act 2005 and the Equality Act 2010). If relevant guidelines are not followed, there is the potential for severe occupational and legal consequences.

Following the relevant guidelines is a key part of providing high quality and safe care. All health and social care professionals will be given training on how to follow these as part of their induction to their new role. However, there is also a duty to remain up-to-date on new developments in the profession or changes to guidelines, which should be reflected in practice.

Statutory guidance under the Care Act 2014

The Care Act 2014 applies to people aged 18 years and above and sets out the guidance for local authorities to those with additional needs. Under this act, local authorities must provide an assessment of the person's needs for care or support. The assessment must focus on the person's ability to meet their own needs. These eligibility 'outcomes' represent national criteria for determining whether a person is eligible for support, and centre around the person's ability to undertake the necessary tasks of daily living. For example, the assessment will examine whether someone is able to manage their own hygiene needs. The assessment will also consider whether someone is able to dress and groom themselves, meet their own social needs, such as the maintenance of relationships and access to transport.

The person must be involved in this assessment as far as possible. Ultimately, whether an adult is eligible for support under the Care Act depends on whether the person's needs are such that there is a consequential impact on their well-being. If the assessment does indeed show that a person has needs, then the local authority must outline how these needs will be met. There is a clear meaning that the local authority should provide the appropriate level of support to prevent the person's problems from becoming worse (or intervene before something develops into a problem). This includes considering cases in which there is likely to be a fluctuating (or changing) level of need, where the person's needs are likely to deteriorate over time, and plan support accordingly.

Note that carers are also sometimes eligible for support under the Care Act 2014. This was covered in more detail above in Section C3.

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Guidelines for caring for adults with mental ill

There are several guidelines which specifically outline ways in which care should be provided to meet the additional needs arising from mental illness. For instance, the National Service Framework for Mental Health (published in 1999 by the Department of Health and Social Care):

- outlines the national expectations of quality for mental health services
- describes how services should be provided
- provides recommendations on the best ways to measure quality in mental health services

There are also two key pieces of legislation that affect the delivery of mental health services. These are the Mental Health Act 2007 and the Mental Capacity Act 2005.

Mental Health Act 2007	Mental Capacity Act 2005
<p>This is an amendment to the original 1983 version of the act. It is legislation which sets out the circumstances under which someone can be detained (sometimes known as 'sectioned') for compulsory treatment. This is the case when someone is unable to consent to treatment due to an impaired mental state but is likely to cause harm to either themselves or others.</p> <p>The decision will usually be made by two doctors and an approved mental health professional. There are several categories of 'section' that someone may be placed under. For example:</p> <ul style="list-style-type: none"> • <i>Section 2</i>: Up to 28 days for assessment. • <i>Section 3</i>: Up to six months for treatment, which can be renewed. • <i>Section 4</i>: Used in emergencies (only one doctor required). Up to 72 hours, which allows time for a Section 3 assessment. 	<p>This outlines the legal principle of mental capacity, including the ability to make decisions about treatment. This can occur for numerous reasons, including mental illness, learning disabilities, or brain damage.</p> <p>The MCA 2005 outlines how to support people to make decisions. Decisions made on behalf of someone who lacks capacity should always be done in what is in their best interests.</p> <p>The MCA 2005 also states that someone who is deemed to have mental capacity should always be able to make their own decisions, unless it is deemed to have mental capacity. Additionally, someone who is deemed to have mental capacity should always be able to make their own decisions.</p>

Approved mental health professional (AMPH) – someone with expertise in mental health, such as a social worker or a psychologist.



Mental capacity – the ability to understand, weigh up and retain information relating to a particular decision.

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Personal health budget

This is the money allocated to support someone's health and well-being needs. The personal health budget applies to people who are eligible to receive 'NHS Continuing Healthcare', which usually means adults with long-term and complex health conditions. Therefore, someone might be eligible to receive a personal health budget if they have certain long-term health problems and/or a disability.

The personal health budget can be spent in a variety of ways to help cope with or overcome additional needs. For instance, it could be spent on necessary equipment and adaptations to help with daily living or the provision of therapy. It gives the person more control over the way their healthcare is provided, as they have more choice over which services they would like to buy with their budget. The ways that the budget will be spent will be outlined in the person's support plan.

Requirements for charities providing essential services

Charitable providers of health and social care are also sometimes known as third sector organisations. The Charity Commission for England and Wales is an independent organisation that maintains a register of charities and undertakes the necessary activities to regulate their activity. Using their charity register, it is possible to look up charities and find out information about them, such as the work they do, their finances and their trustees.

The Charity Commission also undertakes investigations regarding allegations of misconduct in the charity sector, and checks that charities are meeting their legal obligations. This helps the charities to remain transparent and accountable, ultimately providing higher-quality care to the people they support. The Charity Commission also has the aim of helping them succeed in their work.

Applied activity

Imagine that you are planning to set up a charitable organisation to support those with a specific condition (of your choice for this activity). Design a fundraising flyer that outlines the condition and the support to be provided to people. Be clear about how this will help to meet this service user's needs.



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C6: Person-centred care for all individuals with additional needs

Taking a person-centred approach is key in all aspects of health and social care. So, putting the person at the centre of the strategy you are implementing to help them improve their health means taking into account their individual needs, wishes and circumstances when providing help and support to them. Everyone is an individual and, because of this, everyone needs to ensure that they are best able to improve their health and well-being.

Involving patients in their own care and showing dignity and respect

Patients should be involved in decisions made about their own care. This is an essential part of the approach towards the people you work with. A person-centred approach also helps to build trust as the person's individuality is valued as important. Can you imagine the opposite approach?

Without taking a person-centred approach, professionals would be making decisions *for* people, rather than *with* them. Not only is the person-centred approach more ethical and dignified, it is also more effective, as the services received align more closely to the person's individuality. For instance, the patient should be involved at all stages of the care planning process – right through from the first assessment to the end of care provision.

Involving patients in the delivery of their care is also more empowering, as the person has more choice and control over the way that their needs are met. Showing compassion is also a key part of patient involvement – it is important to keep patients informed about their needs and the likely support or treatment they will need, to reduce distress and uncertainty.

Involving patients as equal partners in decision-making

There are many different ways that patients can be treated as equal partners when it comes to treatment, care and service delivery. Read the information below to find out about some of the ways that patients can be involved.

- **Self-management support:** Some conditions are able to be managed largely or completely by the patient, possibly within their own home. Helping patients establish methods for self-management can reduce the amount of time spent in contact with health services, build confidence and build trust.
- **Access to personal health records:** By giving patients easier access to their own records, they are more likely to feel engaged in their own care.
- **Personal health budgets:** As outlined in detail above in Section C5, people with a personal health budget have some choice and control over the services they would like to pay for to meet their additional needs.
- **Care planning:** Patients should be consulted at all stages, including assessment and care planning. Strategies should be undertaken in order to meet their needs. Carers should be encouraged to listen to the patient's wishes.
- **Shared treatment decisions:** The 'Equity and Excellence: Liberating the NHS' (published in the following section) highlighted the importance of shared decision-making between patients and professionals. The paper pledged that this would become the norm and for patients to have a 'decision about me, without me'.

Case study

Sandra is 30, and is concerned about her risk of developing breast cancer. Both her mother and grandmother died of the disease when they were quite young, and Sandra is aware that breast cancer can have a genetic component. She goes to her GP to discuss her concerns, and they refer her to a cancer specialist to discuss her options. Together, the specialist and Sandra make a *shared treatment decision* to plan for a double mastectomy. This will remove both of Sandra's breasts before the cancer develops.

Applied activity

Read Sandra's case study. What could the impact have been on her health and well-being if healthcare professionals did not listen to Sandra?

What does the phrase '*no decision about me, without me*' mean to you personally?

Discuss these questions with a peer or write a short reflection.

Involving communities in decisions about the delivery of services

The needs of the local community should be considered when planning the provision of the local community should be involved during the decision-making process, as service planners about what their needs are and how these needs can be met more effectively. Feedback about any issues that are experienced in different ways that services are any barriers to accessing these services.

In 2010, the Department of Health published 'Equity and Excellence: Liberating the government's vision for the NHS, with a focus on the improvement of numerous services and initiatives, including:

- Empowering NHS staff to make more decisions.
- Making services more person-centred and personalised.
- Ensuring patients are given more choice and control, including over their care records.
- Using only **outcome measures** that are clinically justified.
- Increasing the accountability of services.
- Making payments to service providers on the basis of outcomes.

Outcomes
Achieved
Effectiveness
Service
Records
Recovery

Applied activity

You are a member of an advisory board in your local community. You have been asked to participate in a panel discussion about the development of a new hospital in your area.

In preparation for this discussion, list five health needs of your local community that health services that could help meet these needs (that you would like to see as part of hospital development).

This activity should be undertaken alone or in discussion with your peers.

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C4–C6 Revision questions

1. Describe the Common Assessment Framework and the Local Offer.
2. Outline the assessment process for an Education, Health and Care plan.
3. Explain the eligibility criteria for adults to receive support under the Care Act 2014.
4. Outline **one** way in which the National Service Framework for Mental Health care is provided to adults with mental illness.
5. Outline the personal health budget.
6. Explain **two** ways that patients can be involved as equal partners in their care.
7. Describe **two** ways that following the recommendations of the 'Equity and Excellence' strategy can involve communities in the delivery of health services. Do some research to help you.
8. Read the following case material.

Justin, six, has Rett syndrome. This is a rare genetic disorder which causes severe disabilities and a loss of previously learned abilities, a loss of the ability to walk and seizures. He has recently begun to struggle with walking and is very distressed.

Explain how the following means of statutory care provision could be used to support Justin's family:

- a) The Local Offer
- b) Education, Health and Care plans
- c) The SEND Code of Practice

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Answers to revision questions

A1: Diagnosing or determining additional needs

A2: Cognitive and learning needs

1. **Students should define as follows from the content provided above, but accept suitable alternatives:**
 - **Mild learning disabilities:** These minimally affect a person's skills and abilities. Independent living is usually possible, but still learning may take longer.
 - **Severe learning disabilities:** Skills and abilities are significantly affected, to the extent that the ability is non-existent or minimal. Lifelong support is likely to be needed to care and move safely. Social and learning skills are also likely to be severely impacted.

2. **Any one from (but also accept suitable alternatives):**

- Chorionic villus sampling
 - Taking a cell sample from the placenta to screen for genetic or chromosomal abnormalities.
- Amniocentesis
 - Taking a sample of amniotic fluid to test for Down's syndrome and other genetic conditions.
- Ultrasound
 - Using soundwaves to obtain an image of the unborn child. This can sometimes detect abnormalities.
- Heel prick test
 - A blood test at birth which screens for many genetic conditions, such as sickle cell disease and phenylketonuria.
- Hearing test
 - Checking a newborn baby's hearing helps to identify hearing loss as early as possible, so that it can be treated more positively during the early years.

3. **Any two from (but also accept suitable alternatives):**

- A parent may first take their child to the **general practitioner** if they have some symptoms which may be picked up by the GP as first evidence of a disability.
- **Health visitors** are nurses or midwives who visit families in their own homes. They can identify signs of a disability which can indicate the presence of a disability.
- **Special educational needs coordinators (SENCO)** work in schools, and part of their role is to identify children who have additional needs. They can also refer children to external agencies (such as the local authority) and arrange appropriate support.
- **Teachers** also play a role in making a disability diagnosis, as they may be among the first to notice developmental delay or difficulties a child has with particular skills. They can then refer the child to the appropriate professionals who will make a diagnosis and arrange the appropriate level of support.
- A **paediatrician** is a doctor who specialises in the diagnosis, management and treatment of children. They may be further specialised in different conditions (e.g. neurological) which can cause a disability.
- **Educational psychologists** are experts in supporting children to learn effectively. They can identify learning difficulties and abilities, which is a key part of making a disability diagnosis.

4. **How dyspraxia can cause additional needs (accept suitable alternatives):**

- Dyspraxia causes additional needs by affecting a child's motor coordination, which can affect their balance. This can also result in difficulties carrying out daily activities, and speech difficulties. Dyspraxia also often results in delayed achievement of developmental milestones. For example, walking or learning to write can take longer and affect achievement at school. As a result, children with dyspraxia are often affected, meaning they are less likely to participate in sporting, social or recreational activities.

Any two strategies which could support children with dyspraxia to overcome these additional needs:

- Provision of extra support staff to help and assist children with dyspraxia in the classroom.
- Break actions down into individual steps to make carrying out the task easier.
- Involve a specialist to support if the child's dyspraxia is affecting their communication skills.
- Give children with dyspraxia longer to complete tasks in the classroom.

5. **Autism-spectrum disorder is an umbrella term for lifelong conditions which affect a person's behaviour and communication in two key dimensions.**

- The first is a deficit in social skills, including social communication and interaction.
- Secondly, someone with ASD is likely to show repetitive behaviours (such as following a strict routine) and intense interest in certain hobbies or activities.

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6. Students could choose to focus on any inherited condition of their choice. The following text above so have been provided as example answers:

- **Down's syndrome** can cause additional needs in the following ways (any two from):
 - Causing learning disabilities, which can make it harder to acquire new skills.
 - The learning disability may also limit the person's ability to live safely and/or someone's ability to carry out daily living tasks.
 - Increasing the risk of other health problems, including heart problems or osteoporosis.
- **Huntington's disease** can cause additional needs in the following ways (any two from):
 - Gradual reduction in mobility can make it difficult for someone to move around.
 - Difficulties in communication, including speaking clearly.
 - The condition can cause problems with swallowing, meaning sufferers are unable to eat.
 - A sufferer's mental health is often impacted, and the symptoms include depression and anxiety.
- **Dementia** can cause additional needs in the following ways (any two from, accept suitable alternatives):
 - Inability to live independently and/or safely due to memory problems.
 - Inability to carry out the tasks of daily living.
 - Feelings of confusion can contribute towards anxiety and uncertainty.
 - Increased risk of becoming withdrawn and developing mental health conditions.
 - Personality changes can occur, including becoming aggressive.

7. Any two from (but also accept suitable alternatives):

- **Memory loss:** Many older adults experience memory decline as part of normal ageing. For instance, older adults may find it harder to recall names and specific details. However, the ability to carry out actions is usually unaffected.
- **Slower cognitive speed:** As part of normal ageing, the speed at which the brain can process information can decline. This can manifest as an increased reaction time, problems with divided attention and multitasking. Abilities such as general problem-solving skills or verbal skills are usually well maintained.
- **Lifelong learning:** During retirement, many older adults have more time available to engage in activities that can support learning and building new skills. This can support overall mental health, as older adults involved in meaningful activities are less likely to become isolated.

8. a) Students should cover the following categories of ADHD symptoms in their answer:

- **Inattention:** for example, being easily distracted, changing tasks frequently, problems with listening.
- **Hyperactivity and impulsiveness:** for example, fidgeting, interrupting conversations, talking too much.

b) Students could identify any three from the following (accept suitable alternatives):

- Difficulty sleeping.
- Impact on educational attainment and later job prospects.
- Her condition could later cause difficulties in personal relationships.
- Increased risk of mental health conditions, including bipolar disorder and depression.
- Inattention could cause later difficulties during employment.

c) Students could name any two from the following (accept suitable alternatives):

- Teacher
- Educational psychologist
- SENCO
- Paediatrician

d) Students can include any three from the following (accept suitable alternatives):

- **Medication** – to improve concentration and reduce impulsiveness
- **Behavioural therapy** – training to encourage positive behaviour and reduce negative behaviours
- **Cognitive behavioural therapy** – to provide support to Sara with any emotional problems
- **Educational support** – adaptations to the way education is provided, e.g. breaking tasks into smaller chunks and reducing classroom distractions
- **Parental support** – education and training on how to help Sara cope; attention to Sara's needs

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A3: Physical and health needs

A4: Social and emotional needs

- Students should describe either osteoarthritis or rheumatoid arthritis, giving two (or more) additional needs (on a separate list) for their chosen condition:**
 - Osteoarthritis:** A degenerative condition in which the cartilage between the joints is less cushioning between the joints.
 - Rheumatoid arthritis:** A condition caused by a malfunction of the immune response and pain in joint areas.
 - Additional needs caused (by either condition) include:
 - Pain, which can affect someone's emotional well-being significantly.
 - The stiffness resulting from the condition can make carrying out daily living activities difficult.
 - These difficulties can also make movement very difficult.
 - Reduced independence living may become impossible due to the difficulties in mobility.
 - Reduction in movement may also result in weight gain and associated conditions.
- Any two from (accept suitable alternatives):**
 - The stigma experienced by many people with mental health problems can affect educational or occupational attainment) and social well-being, as discrimination, withdrawal or socially excluded.
 - The reduction in motivation experienced as part of some conditions (e.g. depression) can affect the ability to attend to the activities of daily living, including personal hygiene and preparation for work.
 - Mental health conditions which involve a detachment from reality (e.g. psychosis such as schizophrenia) can lead people to put themselves into dangerous situations which affect their physical health.
 - Extreme mood swings experienced by some people with bipolar disorder can affect their relationships with their close and intimate relationships with others.
- Students should cover both hearing and visual impairment with their answers, as follows:**
 - Hearing impairment:** This can range in severity from a partial loss of hearing function in one ear to total deafness. Some people are born with hearing impairment, but others acquire it through damage to the ear's systems.
 - Strategies to support communication include (any one from, or accept suitable alternatives): use of sign language; use of written communication; hearing aids; lip-reading.
 - Visual impairment:** This can range in severity from reduced sight levels in one eye to total blindness. Common causes include infections, inherited conditions, or injury to the eye / vision.
 - Strategies to support communication include (any one from, or accept suitable alternatives): use of Braille; provision of materials in large print; use of clear and simple verbal communication are/is harder/impossible to read).
- Any two from (accept suitable alternatives):**
 - The reduction in mobility can make it difficult to attend social functions or activities. Paraplegia is at risk of social isolation.
 - The reduction in ability level can cause some people to experience mental health problems, particularly if this change was sudden or unexpected.
 - Someone with paraplegia may face discrimination in employment, which could affect their psychological and social well-being.
 - People in wheelchairs may be at a higher risk of discrimination by the public, including not being included in activities.
- Students could choose to focus on a chronic disease of their choice. The following examples have been provided as example answers:**
 - HIV** can cause additional needs in the following ways (any three from, accept suitable alternatives):
 - Antiretroviral medication is required in order to manage the condition.
 - When AIDS is developed, individuals are at greater risk of the development of other health conditions due to reduced immune system function.
 - Impact on psychological well-being, including increased risk of developing mental health problems.
 - Stigma experienced from wider society about the disease can impact well-being.

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- **Meningitis** can cause additional needs in the following ways (any three from, accept suitable alternatives):
 - If seizures are experienced, there is a greater risk of developing epilepsy.
 - Increased risk of developing sensory impairment.
 - Increased risk of developing mobility or coordination problems.
 - Increased risk of learning disabilities or behavioural problems.
 - Amputation to reduce the spread of the infection can lead to mobility problems.
6. **Students could list any five from (accept suitable alternatives):**
- Nausea and fatigue during pregnancy
 - Increases risk of deep vein thrombosis
 - Swelling of the feet
 - Prolapse/damage to the reproductive system
 - Pre-eclampsia
 - Postnatal depression
 - Reduced sleep
 - Constipation
 - Changes to hair and skin
7. The term 'looked-after child' is another term for a child in care. This means that the responsibility of the local authority. This can occur if a child's home environment is considered unsafe.
8. **Any two from (accept suitable alternatives):**
- Bullied children may be less likely to attend school. This can result in reduced educational attainment, which can later affect their future career prospects.
 - Bullied children are at a greater risk of developing mental health problems. For example, they may be more likely to engage in self-harm or attempting suicide.
 - They may be less likely to interact with others and become socially withdrawn. This can affect their ability to form friendships, meaning they will have fewer supportive relationships.
 - Their confidence and self-esteem are likely to be affected. This can affect engagement in school.
9. Some older adults may face financial difficulties due to low income in retirement, especially if they do not have an occupational pension. The State Pension may not be sufficient to cover their usual living expenses. If they struggle to pay their household bills, they can be at higher risk of conditions such as arthritis and heart disease. If they are unable to afford to buy food, which can increase risk of malnutrition and conditions such as osteoporosis.
- Students could name two welfare benefits from the following (or accept suitable alternatives):**
- Council Tax Reduction
 - State Pension
 - Top-ups to pensions
 - Winter fuel payments
 - Free bus pass
10. **These are the needs covered in the text above, two of which students may wish to accept suitable alternatives.**
- **Sensory sensitivity:** If a classroom is too noisy or bright, children with sensory sensitivities may find this overwhelming and may be unable to engage in their schoolwork.
 - **Sensory impairment:** If the learning environment does not consider the needs of children with sensory impairments (e.g. by providing materials in large print), these children are at a greater risk of falling behind.
 - **Physical disability:** Learning environments should be adapted to allow access for children with physical disabilities, such as those in wheelchairs.
11. a) **Students could identify two from the following (accept suitable alternatives):**
- Increased risk of mental health conditions, such as depression.
 - Increased risk of social isolation and becoming withdrawn.
 - Martin could 'give up', and stop attending to activities of daily living.
 - Martin may start to fear his own death.
 - On the other hand, Martin could have a new perspective on life and try to overcome his fears.
 - Martin may attempt to overcome the risk of social isolation and loneliness by reaching out to his family members and friends.

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- b) **Students could identify any two from the following (accept suitable alternatives):**
- Difficulties reading the labels on medication, meaning any health condition is not managed.
 - Difficulties in communication, due to the increased difficulty in reading notes, which may impact his social well-being negatively.
 - Finding it harder to read written communication, such as letters from his GP, which may contain crucial health information or appointments.
 - Increased risk of trips and falls, which could cause serious injury and limit his independence.
 - Reduced ability to engage in certain activities which he may have previously enjoyed.
- c) **Students could list any four actions from the following when planning how to meet the needs of Martin:**
- Arrange a visit from the occupational therapist, who could organise adaptations to his home to make it safe for him.
 - Arrange for a care assistant to visit Martin regularly, to help him with activities of daily living and emotional support.
 - Refer him to mental health services to help him cope with grief.
 - Refer him to a vision specialist to see if his vision can be prevented from deteriorating.
 - Put him in touch with services that offer socialisation to prevent loneliness, such as community learning clubs.

Section B: Examine how to overcome the challenges to daily living faced by people with disabilities

1. **Students should define as follows from the content provided above, but accept suitable alternatives:**
- **Medical model:**
 - Disability is treated like an illness, by focusing on what's 'wrong' with the person.
 - As a result, approaches used to managing disability often resort to medical treatments, such as the use of medication or surgery.
 - According to the medical model, someone's condition is what causes their disability.
 - Many people with disabilities reject the medical model.
 - **Social model:**
 - The social model is an alternative way of viewing disability to the medical model.
 - According to this perspective, disability arises as a result of the way that society is organised, something being 'wrong' with an individual person.
 - People become disabled as a result of the barriers present in society, such as inaccessible buildings and directions, which make them inaccessible to wheelchair users.
2. **Students should define as follows from the content provided above, but accept suitable alternatives:**
- A **social construct** is an idea that has been created by society that is held to be true by a particular population.
 - However, this does not mean that this idea is true or actually reflects reality.
 - Disability as a social construct means when the institutions of society decide what is considered a disability.
 - This is likely to change over time and may vary according to location and culture. The definition is context-dependent.
3. **Any one from (but also accept suitable alternatives):**
- **Steps** – these should be avoided or a ramp also provided.
 - **Lack of grab rails** – grab rails should be included in public buildings to aid mobility.
 - **Doors that do not open automatically** – doors that open automatically should be provided.
 - **Lack of toilets for disabled people** – toilets with disability access should be provided and signposted.
 - **Lack of lifts** – either lifts should be provided or the delivery of services can be arranged by temporarily moving a meeting room to a space on the ground floor).
 - **Worktops and desks that are too high** – part of the desk should be at a wheelchair height.
- Students may wish to draw on the Equality Act 2010, which specifies that 'reasonable adjustments' should be made in order to remove barriers associated with accessibility.*
4. **Students should choose to explain these two challenges as they are covered in the text and provide suitable alternatives:**
- **Leisure activities:** Being able to get involved with leisure activities of one's choice is important for holistic well-being. However, someone with disabilities may face barriers when accessing leisure activities. To avoid discrimination against people with disabilities, leisure facilities should have adaptations in place to ensure that their services are accessible to all.

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- **The Internet and social networking:** disabled people are more likely to be on a budget and unable to afford an Internet subscription. Additionally, some information on the Internet is not accessible or easily understood. However, the Internet can also help to overcome these barriers. It can be used to find information about local support groups and services.
5. **Any two from (but also accept suitable alternatives):**
- **Frames** – these can be used as a source of additional support and to help with walking.
 - **Rollers** – these can be used by people who are unable to walk on their feet as a source of additional support to walk more safely around their home and carry out many living tasks.
 - **Wheelchairs** – these can make it easier for people to move safely around their home and carry out activities of daily living – such as cooking and shopping.
 - **Hoists** – these are used for the movement of patients via a sling and mechanical device to help them get up and down, or to transfer an individual from one location to another, e.g. from a bed to a wheelchair.
 - **Grab rails and handles** – for instance, these can help people to lower themselves into a wheelchair.
6. **Students may choose to explain one of the following challenges as they are covered in the course, and suggest suitable alternatives:**
- **Isolation:** People with additional needs are at a greater risk of being isolated, which can affect someone's mental health. The barriers to accessibility present in society's infrastructure can lead to isolation, as they result in many people with additional needs finding it much harder to socialise and engage in activities which could improve their mood.
 - **Depression:** People with depression may also lose motivation and their sense of purpose, and become withdrawn. This can lead to a vicious circle of mental health decline, as a person is unable to socialise and engage in activities which could improve their mood. Depression can also be caused by an alteration in circumstances, such as a sudden loss of sight and the associated need for a cane.
 - **Dependency:** Being in a state of dependency can have a serious impact on someone's self-esteem. For instance, the self-esteem of someone who was previously able to do things for themselves can be affected following an illness or injury, if they now require assistance from others to live independently.
7. **Definition:** A stereotype is a generalised belief held about a group of people, which does not take into account individual's characteristics. Stereotypes are not necessarily based on reality and are often based on assumptions. People with additional needs are often stereotyped as being unable to communicate or do things for themselves.
- This can affect people with additional needs in many ways:
- They may be avoided by others.
 - They may not be included in activities.
 - They may become deskilled and disempowered by other people doing things for them.
 - By failing to include people with additional needs in occupational or educational opportunities, their needs are less likely to be met, which can affect their self-esteem and confidence.
8. **Students may choose to describe two from the following, since these are covered in the course, and suggest suitable alternatives:**
- **Not allowing individuals to make decisions:** Health and social care professionals often make a decision for someone. They may not consider whether this is really what the person wants for themselves and may not consult the person on the decision.
 - **Removing choice:** Giving people choices and options is a key part of delivering person-centred care and values people as individuals. Health and social care services may have very limited choices. For example, do not give service users an appropriate amount of choice, e.g. of meal options when delivered.
 - **Labelling:** This occurs when stereotypes are applied to individuals. People with additional needs are often labelled as not being able to do anything for themselves, which means that staff may do things for them, leading to a reduction in confidence and self-esteem.
9. a) Rebecca may find it more difficult to get around the university campus if adaptations (e.g. ramps, lifts, doors) have not been made or are not well signposted. This could impact on her ability to attend lectures, which could over time impact on her educational attainment.
- b) Rebecca may need help with her personal care, such as bathing and dressing. At university, she may need to ask staff to help her attend to these activities of daily living. If Rebecca has relied on her parents for this for a long time (e.g. her parents), she may find it difficult to adjust to a stranger helping her.
- c) University is an opportunity to make new friends. However, Rebecca may find it difficult to make friends if activities if appropriate adjustments have not been made to buildings in which she is studying.

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Rebecca may also wish to enter into an intimate personal relationship, but it may require a deeper understanding and accepting of her needs.

- d) Stereotypes of people in wheelchairs may make it harder for Rebecca to socialise. People may assume she is unable to communicate and may be uncertain of how to interact with her. She may be marginalised by others, who may be less likely to include her or may avoid her.

C1: Professionals involved in supporting individuals with additional needs.

C2: Support and adaptations for individuals with additional needs.

C3: Financial support for individuals with additional needs.

1. **Any appropriate description of a community learning disability nurse**

- They are specialised in the needs of people with learning disabilities.
- They work with individuals across a range of community settings, including in primary schools and community centres to support people in coping with mental and physical health challenges to daily living.
- They help people with learning disabilities work towards living more independently.
- They may also help service users find employment opportunities and engage in the community.

2. **Students could explain any two from (but also accept suitable alternatives):**

- Help to ensure the appropriate home adaptations are provided, such as grab rails for people with visual impairment can move around their home safely.
- Provision of tags (e.g. tactile or with bold colours) to help to identify items around the home.
- Adaptations to the lighting of the person's home in order to aid sight, so that daily tasks can be done more safely.
- Ensure that the floors are free from trip hazards, meaning that someone is less likely to fall and become independently.

3. **Students could outline any three from (but also accept suitable alternatives):**

- Provision of a low-stimulus environment, which can be used to help manage emotions in people with sensory sensitivity (e.g. a quiet room).
- Giving additional time to complete tasks.
- Provision of additional support during lessons, e.g. from a teaching assistant.
- Use of non-verbal communication methods such as Makaton or picture boards.
- Use of assistive technology (e.g. voice-to-text) which could particularly aid children with physical disabilities.
- Ensure that children who are wheelchair users have sufficient room to move around.

5. **Music therapists are allied health professionals who use music as a means of relating to and stimulating discussion and interaction.**

It can be helpful for people with emotional needs by giving them an alternative means of communication. Music can be very useful if people's experiences are traumatic and they find it hard to put their feelings into words.

- 6.
- Short-term support is likely to be provided if someone's additional needs are identified and can be met easily.
 - For example, short-term support may be provided to someone otherwise fit and well who has an operation or an acute illness.
 - If someone has more complex needs, they are more likely to require long-term support.
 - This may be in part due to the higher likelihood of people with complex needs being referred to a multidisciplinary team of professionals who work together to meet the person's range of needs.
 - Someone in receipt of long-term support will have their needs reviewed regularly to ensure that any additional needs that arise are met.

7. **Students could explain three from the following welfare benefits as they apply to older adults. Accept suitable alternatives:**

- **State Pension:** This is a regular payment provided by the government to eligible people aged 65 and over, and thus provides financial support to older adults.
- **Pension Credit:** This benefit is made up of two parts, both based on income. The first part is given to people with any weekly income below £163 per week (current figures). The second part – Guarantee Pension Credit – is given to people to have retirement savings, such as a pension. As with the State Pension, it provides financial support to older adults.

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- **Housing Benefit*:** This provides financial assistance with rent, either fully or in part. People who are on a low income (including those who are employed) or in receipt of certain welfare benefits are eligible for Housing Benefit. It can help people maintain a tenancy, particularly if unable to work due to sickness or disability.
- **Council Tax Reduction:** Similarly to Housing Benefit, you may be eligible for a reduction in your council tax bill if you are on a low income or in receipt of some welfare benefits due to disability.
- **Health benefits:** Many different groups (for example, people over 60, aged 16–25 with certain medical conditions) may be eligible to receive some health services at a reduced or no cost. These can include free sight tests, dental services, prescriptions and hearing aids.

*Note: Housing Benefit has been replaced by the Universal Credit for many people. This is a new benefit that combines several older benefits (sometimes referred to as 'legacy benefits'), including: Housing Benefit; Council Tax Reduction; Working Tax Credit; Child Tax Credit; Jobseeker's Allowance; Income-related Employment and Support Allowance.

8. Disability Employment Advisers are also known as 'work coaches' and are based at Jobcentre Plus offices.
- They provide support to people looking for work who also have additional needs.
 - They can help people with additional needs to have an assessment of someone's needs and establish the kind of work that they would be able to do.
 - Disability Employment Advisers can develop action plans to help people meet their needs and to build their skills, ready to enter their intended career path.
 - They can also help people apply for jobs and prepare for interviews.
9. Many people with disabilities are entitled to receive a 'Blue Badge', which will allow them to park closer to shops and public buildings.
- Some people who have children with health needs are also entitled to receive a Blue Badge.
 - This helps people with mobility needs to access services and facilities, as the badge allows them to park much closer to entrances.
 - This can greatly reduce access barriers for people with additional needs arising from their child's condition.
10. The process for determining eligibility for support for carers is set out in the Care Act 2014. A carer is eligible for support if they are providing care for an adult who has a disability, mental health problem or physical health condition. The assessment will be carried out by the local authority. The conditions for eligibility are:
- **Condition 1:** The carer has supporting needs because of the necessary care (for example, for a person with a disability) they are providing to an adult.
 - **Condition 2:** The carer is experiencing a decline in mental and/or physical health because of the care they are providing, which is likely to affect their ability to carry out the activities of normal life.
 - **Condition 3:** Due to not achieving the activities of normal life, the carer is likely to experience a decline in their well-being.
11. Students' reports may reference the following about Angela and David's support (a) **Professionals who could become involved:** Dieticians and speech and language therapists could help to ensure that Angela is not at risk of malnutrition due to her swallowing difficulties. They could recommend equipment to aid swallowing (e.g. specialised straws) and give David guidance on how to prepare food to meet Angela's nutritional needs and aid swallowing. Domiciliary care staff could help with Angela's David care for Angela. For instance, they could visit to help around the house, help Angela to access the community, and give David a break from caring.
- (b) **Therapies that could help:** Occupational therapy could help to provide home adaptations to improve Angela's mobility. Speech and Language therapy could help Angela with swallowing and help her to preserve her verbal communication skills for as long as possible. Physiotherapy could help to strengthen her muscles, which may aid mobility and delay later difficulties with breathing.
- (c) **Financial assistance:** As Angela and David are in older age groups, they are eligible for Council Tax Reduction, which will help them to pay their heating bills. They may also be able to apply for a Blue Badge to help with parking restrictions. David may also be eligible to receive Carer's Allowance since he is likely to be providing care for Angela.

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C4: Statutory provision for children with additional needs**C5: Statutory provision for adults with additional needs****C6: Person-centred care for all individuals with additional needs**

1. The Common Assessment Framework (CAF) is a standardised way of assessing the needs of children and young people. This is undertaken as a way of identifying needs at an early stage, which subsequently results in the development of an individualised support plan which outlines exactly how the family will be met.

The Local Offer is an initiative that requires local authorities to set out which services are currently available to children and their families in the local area. Advice should be provided to help young people with additional needs prepare for their transition towards adulthood and to help them access occupational support. Information relating to the transport services available to them should also be provided.

2. An assessment can be requested by a parent for their child, or a young person aged 16 or over for themselves. The assessment will be carried out by the local authority, which will identify the person's social care needs and outline exactly how support will be provided in order to meet them. For the assessment, additional evidence, such as school or doctor's reports, can be submitted.

3.
 - The assessment for support under the Care Act focuses on the person's well-being 'outcomes'.
 - These eligibility 'outcomes' represent national criteria for determining which adult social care centre around the person's ability to undertake the necessary tasks to maintain their independence. The assessment will examine whether someone is able to manage their own toilet and dress themselves.
 - The assessment will also consider whether someone is able to dress themselves and meet their social needs, such as the maintenance of relationships and accessing occupational support.
 - The threshold for deciding whether an adult is eligible for support under the Care Act is whether the person's ability to achieve 'outcomes' has a consequential impact on their well-being.

4. **Students may choose to outline one from the following, but also accept suitable alternatives (based on students' own research):**

- National expectations for the quality of mental health services are outlined, measures to ensure that services are provided at the same standard.
- Research indicates that the best way to measure quality in mental health services is through patient outcomes. Outcomes can be monitored to ensure that services are providing good-quality care.
- Makes it easier for people to access mental health services.

5. The personal health budget is the money allocated to support someone's health and wellbeing. It is for people who are eligible to receive 'NHS Continuing Healthcare', which usually means adults with long-term health conditions. The personal health budget can be spent on ways to help cope with or overcome health conditions. For instance, it could be spent on necessary equipment or adaptations to help with daily living. This also gives the person more control over the way their healthcare is provided.

6. **Students may choose to outline two from the following as these were covered in the course materials:**

- **Self-management support:** Helping patients establish methods for self-management, such as spending less time in contact with health services, build confidence and be more empowered.
- **Access to personal health records:** By giving patients easier access to their own health records, they are more likely to feel engaged in their own care.
- **Personal health budgets:** People who are eligible to receive a personal health budget have the ability to spend the services they would like to pay for in order to meet their additional needs.
- **Care planning:** Patients should be consulted at all stages, including assessment and care planning, to ensure that the services taken in order to meet their needs.

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7. **Students may choose to describe two from the following but accept suitable alternatives.**
- The initiative promotes the idea that shared decision-making between patients and healthcare professionals is essential.
 - Ensuring patients are given more choice and control, including over their care and involvement in the processes of their treatment and relevant decision-making.
 - Providing accurate and up-to-date information about services available support individuals and communities regarding healthcare.
 - Increasing the use of patient surveys and data collection regarding patient satisfaction more of a say about their experience and how services are delivered.
8. a) The Local Offer could help Justin by providing a comprehensive list of services (e.g. respite care) that are available to him and his family. For instance, this could detail respite services, transport, and training services which will aid Justin's travel to school and relieve the burden on his family.
- b) An Education Health Care Plan will identify clearly Justin's educational, social and healthcare needs and create a 'personal budget', which could be spent on therapies and equipment to aid Justin's learning. It will also ensure the involvement of additional professionals to support and care for Justin.
- c) The SEND Code of Practice contains legal requirements which must be followed to ensure that the correct support is in place. The Code of Practice will ensure that Justin's needs are met and that support provided is appropriate (e.g. extra teaching staff).



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