



Course Companion for BTEC Level 3 Health and Social Care

Unit 5: Meeting Individual Care and Support Needs

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Teacher's Introduction


This is a Course Companion for **Unit 5: Meeting Individual Care and Support 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.


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:** Examine principles, values and skills which underpin meeting the care and support needs of individuals
 - **Section A1:** Promoting equality, diversity and preventing discrimination
 - **Section A2:** Skills and personal attributes required for developing relationships with individuals
 - **Section A3:** Empathy and establishing trust with individuals
- **Learning Aim B:** Examine the ethical issues involved when providing care and support to meet individual needs
 - **Section B1:** Ethical issues and approaches
 - **Section B2:** Legislation and guidance on conflicts of interest, balancing resources and minimising risk
- **Learning Aim C:** Investigate the principles behind enabling individuals with care and support needs to overcome challenges
 - **Section C1:** Enabling individuals to overcome challenges
 - **Section C2:** Promoting personalisation
 - **Section C3:** Communication techniques
- **Learning Aim D:** Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs
 - **Section D1:** How agencies work together to meet individual care and support needs
 - **Section D2:** Roles and responsibilities of key professionals on multidisciplinary teams
 - **Section D3:** Maintaining confidentiality
 - **Section D4:** Managing information


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

 **Keywords:** used to draw students' attention to different keywords of the unit.

 **Did you know?**
Provides further information and additional content to inspire students.

 **Case studies**
Help students to apply the issues identified in the resource to real-world scenarios

 **Applied activities** encourage application of knowledge to the case studies or to real-world scenarios in the health and social care sector.

 **Research activities** inspire further research and stretch and challenge higher-ability students.

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Register your email address to receive any future free updates* made to this resource or other Health and Social Care resources your school has purchased, and details of any promotions for your subject.

* resulting from minor specification changes, suggestions from teachers and peer reviews, or occasional errors reported by customers

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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 are also questions interspersed throughout the pack to check students' understanding of the content.

November 2019

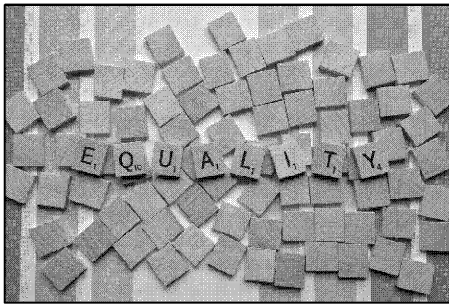
Chapter A: Examining principles, values and underpin meeting the care and support needs

A1: Promoting equality, diversity and discrimination

A fundamental part of meeting the care and support needs of individuals involves unique individuals. Care staff must also ensure that service users are not being discriminated against as a result of the way that care is carried out.



Key definitions



There are several key terms that you need to know about the legislation that underpins equality, diversity and discrimination in detail in Section B2.

Equality

Equality in health and social care means that everyone receives an equal standard of care. This doesn't mean that equality is

about treating everyone in exactly the same way. Because each person is an individual, care should be provided in a way that meets each individual's needs. However, each person should have equality of access to this kind of high-quality and effective care. To do this, care staff should treat each service user as an individual and take their unique circumstances into account. For example, some people may need to follow a special diet for medical reasons, and care staff should ensure that these cultural needs are respected and met.

Equality that means that everyone receives an equal standard of care.

Diversity means that everyone receives an equal standard of care.

Multicultural means that everyone receives an equal standard of care.

Diversity

It is important that care staff respect the diversity of service users. Diversity means that every service user you work with will be a unique individual. Respecting the diversity of service users means respecting their culture and values, and accommodating their unique needs. This means that many areas in the UK today are highly **multicultural**, meaning that you are likely to work with people from all walks of life. Taking the time to understand someone else's culture, beliefs and knowledge, and empathy, which helps you to be a more effective care worker.



Did you know?

There were 94,098 'hate crimes' recorded in England and Wales in 2017–2018. Hate crimes are crimes which have been motivated by discrimination and prejudice. The most frequent motivating factor was race (76%), followed by sexual orientation (12%).¹



Sexual harassment is a form of unlawful discrimination under the Equality Act 2010. Look up the Equality Act 2010 for more information on harassment and discrimination. This page summarises your findings.



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¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/74859

Discrimination

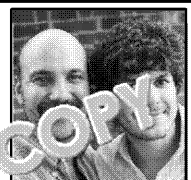
Discrimination means treating someone differently on the basis of one or more characteristics, such as their age, sex, ability/disability, ethnicity or class.

Discrimination is often driven by **prejudice** and can be extremely harmful. There are several different types of discrimination, which are described in the table below.

Type of discrimination	Description
Direct discrimination	Being treated less favourably because of who you are. This is against the law if it's because of any protected characteristics.
Indirect discrimination	Being placed at a disadvantage as a result of a rule, policy or practice that is applied to everyone in the same way. When this rule disadvantages a certain group of people but not others, this is indirect discrimination.
Victimisation	This is when someone is treated less favourably because they have complained about discrimination or because they have helped someone who has experienced discrimination.

Importance of preventing discrimination

Discrimination can have a severely negative effect on someone who has experienced it. To give an example based in a care setting, imagine that someone who has just moved into a residential home needs to follow a special diet due to cultural reasons. However, this care home only provides one meal option for everyone, which does not meet this individual's requirements. This means they are a victim of indirect discrimination, as a rule that is applied to everyone has disadvantaged them. This is likely to negatively affect this person, as they are unlikely to feel valued and respected as an individual. They may also refuse the food they are offered, which could lead to further health complications.



Robert is 24, and after a surgical visit from his family on the ward staff comments and...

Andy and Robert do not engage... instead they request that the nurse can speak to her about it.

Read through Robert's study, and answer the following questions:

- What kind of experience...
- If you were... address this...

It is really important that health and social care staff aim to prevent discrimination from occurring, due to the numerous consequences which can arise. For instance, discrimination could have the following impacts on service users:

- **Reduced self-esteem and confidence** – discrimination may lead to a re-evaluation which could lead to a poorer self-image.
- **Depression and/or anxiety** – for example, if the person is worrying that they are a victim of prejudice and discrimination.
- **Sleeplessness/fatigue** – this could occur due to the negative emotional impact of discrimination.
- **Social withdrawal** – a reduction in confidence could make it less likely that service users will interact with others.
- **Disengagement with services** – if discrimination has occurred while in contact with a service, it could reduce service users' confidence in that service.
- **Hostility and conflict** – for example, if one service user has said something discriminatory, it could lead to arguments between them.
- **Injury and possibly even death** – for example, as a result of being the victim of discrimination, hate and prejudice.

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Initiatives aimed at preventing discrimination

Health and social care staff should work in a way which actively reduces the risk of discrimination and should challenge discrimination when it does occur. Several initiatives that care services can take to prevent this are outlined below.

Advocacy services

An advocate is someone who speaks up on behalf of or for someone else, to make sure that their needs are met. Advocates may be particularly useful for service users who are unable to (or who find it difficult) to speak for themselves, and help to make sure that care is provided to someone in their best interests and in line with their preferences. There are many different types of advocacy services which provide specially trained staff or friends and family members to act as advocates for their loved one.



Advocates can help in many different ways, including:

- attending meetings/appointments with service users
- writing letters and making phone calls
- discussing care options with service users

Advocates can help in many different ways, including:
• speaking up on behalf of someone else
• making sure that care is provided to someone in their best interests and in line with their preferences

Services must be sure that the advocates used by service users are reputable and know what their duties are, so that they are acting in the best interests of service users. When acting as advocates, staff should consider whether this potentially introduces any conflicts of interest. If a service user is in an abusive relationship, there is a chance that their views and interests may not be represented appropriately if their partner acts as their advocate.

Training and education

Training programmes for care staff should cover the issues surrounding equality, diversity and inclusion, which can make it easier to spot discriminatory behaviour. Training provides new staff with the knowledge and questions about the different forms that discrimination can take, and can give the staff the confidence to know that discrimination may arise in the specific context in which they work.

Services should make sure that training programmes accessed are high quality, up to date and in line with relevant legislation, policies and guidance. If the training provided is not high quality, there is a risk that staff will learn from the sessions with incomplete or inaccurate knowledge about key equality, diversity and inclusion issues.

Adaptation of service provision

To ensure that the diverse needs of individuals are respected, services could be adapted to meet these needs. For instance, alterations to buildings can be made that take into account the needs of people with physical disabilities (e.g. ramps, automatic doors). As another example, many health services also offer translation services to be more inclusive towards those for whom English is not their first language.

Unfortunately, adaptations of services may take a long time (e.g. if extensive building work is required) and involve significant costs for the services involved. This could mean that some services are not a high priority, and the service may remain inaccessible to certain groups or individuals.

Legislation

Several laws are in place which make discrimination in many circumstances illegal, thereby aiming to prevent discrimination from occurring. For example, the Disability Discrimination Act 2005 was introduced to protect people with disabilities from being discriminated against in areas such as employment, education, housing, services and on transport. This Act now only applies in Northern Ireland, as it was replaced by the Equality Act 2010 in England, Scotland and Wales. The Equality Act 2010 is outlined in Section B2 – it makes discrimination on the basis of disability and several other characteristics (e.g. sexual orientation, maternity status)

Look at the Equality Act 2010 (EHA) and think about what it protects against.

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A1 End-of-section questions

1. Define 'equality', 'diversity' and 'discrimination'.
2. Explain the difference between direct discrimination and indirect discrimination.
3. Read the case study below, then answer the questions beneath it.

Sarah is 55, and has been gradually losing her sight. She has also recently become a dietician, as she has been having some problems with her digestive system. When she went to see the dietician, she asked for large-print versions of the menu so that she could read them more easily. The dietician said that they are unable to offer that service and that she should just get someone else to read them out for her. Sarah complained about this, who apologised and made the necessary arrangements for large-print versions. Since this occurred, Sarah's dietician appears to have changed and hasn't been putting effort into Sarah's sessions with her.

- a) What kind of discrimination might Sarah be experiencing? Justify your answer.
- b) Identify **two** other ways that someone with a visual impairment might be discriminated against by health and social care services.
- c) Assess different initiatives which could be put in place at the service to prevent this discriminatory practice.



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A2: Skills and personal attributes needed for developing relationships with individuals

Possessing the right mix of skills and personal attributes can make all the difference to someone's ability to provide effective care. Working in health and social care means that staff are likely to come into contact with people from all walks of life who may also be going through a difficult time in their lives. Being able to form high quality relationships with service users will make it much more likely that their care needs are met.

When you imagine a range of different kinds of personal attributes, what do you have? Get into pairs, and discuss a range of what you think are important personal traits. Compare your lists and discuss which traits were the most common and which were the most different? Would you be able to identify any traits that are particularly important for working in health and social care?

The 6Cs

'Compassion in Practice' is a Department of Health strategy launched in 2012, which aims to improve compassionate care provision by nurses, midwives and care staff. This was underpinned by six values that should be demonstrated in the way that staff provide care.

Care

The care provided to service users should meet their individual needs, and it should be safe, effective and consistent. Care should aim to improve the health and wellbeing of the individual and should take into account their unique circumstances and preferences.

Compassion

Showing compassion involves demonstrating kindness and empathy towards service users. A willingness to go above and beyond for service users and go the extra mile to ensure their needs are met is a characteristic of a good care worker. This is a key part of care provision, particularly when a service user is going through a very difficult time in their life.

Competence

This means whether someone has the right skills, knowledge and experience to carry out their job role effectively. Service users should be able to expect that care staff have been sufficiently trained to provide care in a safe and effective way.

Communication

Good communication underpins the quality of health and social care services. Staff should always try to include service users in decisions about their care to ensure that service users have been provided with a full explanation of what options are. Staff should also communicate effectively with one another, which improves the quality of care and reduces the risk of mistakes being made.

Courage

Having courage means being brave enough to do the right thing, even if it can seem difficult. Care workers should have the courage to speak up against discrimination and unfair practices.

Commitment

Staff working in care should be dedicated to providing the best quality care for service users. Commitment to providing good care involves being reliable and trustworthy in the way that you work.

Look at the 6Cs, the 'action'...

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People skills

The phrase 'people skills' generally means how good you are at communicating and working with others. These skills are crucial for people working in health and social care, as their roles involve working with other people – service users, families, carers, colleagues and other professionals.

Empathy

Empathy means being able to see things from the perspective of another person, or being able to 'walk in their shoes'. It means being able to understand that other people are likely to have different perspectives about things as a result of differing life experiences and circumstances. Being empathetic (and being able to demonstrate empathy to service users) is key to meeting the care and support needs of others.

Did you know?

Empathy can be divided into 'Emotional' (or affective) empathy, which is used to provide an appropriate response to someone else's mental state, and 'Cognitive' empathy, which means being able to understand a situation from another person's perspective.

Patience

Patience means being able and willing to wait, without becoming annoyed or frustrated. For example, if a service user has a medical condition (e.g. injury or illness), some people may take a long time to carry out an activity. People with learning disabilities may be able to communicate verbally, but might need extra time to understand what is said to them before replying. Care staff must be patient with service users because of their diversity and shows that their individual ability levels are valued.

Engendering trust

This means getting people to trust you. It's important that service users view care staff as trustworthy and able to meet their needs. This is developed by being honest, reliable and consistent in the way that you work.

Flexibility

The care environment can be fast-paced, and throughout the course of a typical day, care workers will face challenges and situations that change. Being flexible means being able to change the way you work to respond to these challenges.

Sense of humour

Having a good sense of humour can be a valuable tool for someone who works in health and social care. It can help to build rapport with service users and can also help to reduce stress levels between staff. However, care workers should be cautious that humour is only used appropriately. Offensive or discriminatory humour should be avoided, and you should also consider whether a joke could come across as insensitive to someone's condition.

Negotiating skills

Negotiating means being able to resolve disagreements and differences in opinion. For example, staff living together in a care home may have different opinions about which activities to do. Staff should use their negotiating skills to find a way forward that all are in agreement with.

Honesty

Staff should avoid being dishonest, as this damages the trusting relationship built with service users. Being honest also involves speaking up if you know you've made a mistake. This is crucial in helping to reduce the risk of harm to patient wellbeing, and encourages services to find ways of working that are more effective and safer.

Problem-solving skills

Having the ability to tackle different problems efficiently and effectively is another key quality of a good care worker. This often involves being creative and flexible and working well with your colleagues, especially those who are more experienced.

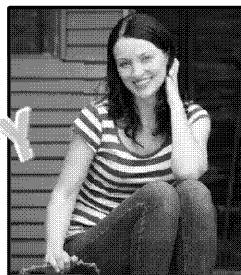
Do you think you are honest? Would you be right in all situations? Do you could record this they were for use this record completing your

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Roisin is 28, and works as a support worker at a day centre for adults with learning disabilities. A new support worker, Tom, has just started today.

The day centre manager asks Roisin if she wouldn't mind rearranging some of her plans to support Tom on his first day, since Roisin knows all the service users well and has worked at the centre for several years. Roisin agrees and takes the time to introduce Tom to the service properly and show him how everything works.



Communication skills

Being able to interact with people in a professional, appropriate and friendly manner is a key skill for care workers. The way you communicate with others can make an enormous difference to the care you provide, and will help you to build effective working relationships.

Communicating with service users, colleagues and other professionals

A typical day working in care will involve a large amount of interaction with other people. Talking to individuals, being present in meetings and dealing with visitors will all require communication skills. Staff will often have to work alongside other professionals (including those from other services), and will need to demonstrate professionalism while doing so. Several key communication skills are described below.

Active listening and responding

Active listening and responding means making a conscious effort to fully understand and process what is being said, and to demonstrate that you are interested and invested in the conversation. This can be achieved in many ways, for example by:

- nodding and responding with 'mm hmm'
- maintaining eye contact
- asking appropriate follow-up questions
- avoiding distractions, e.g. the television
- summarising and paraphrasing (rewording) what someone has said, which helps to check understanding

Showing that you really are listening to someone is key to demonstrating that you are saying. It also helps to make sure you have fully understood what they are saying, which will help you to provide better care.

Using appropriate tone of voice and language

An individual's tone refers to the mood and emotion that is reflected in the way they speak. In a tense or upsetting situation it would be appropriate for a professional to use a calm and steady tone of voice. Speaking in a friendly but professional tone as a care professional will also help to build stronger relationships with service users. Speaking with a direct and firm tone when required is also important; for example, when setting expectations about appropriate behaviour.

Using appropriate language also helps to ensure that others receive the correct information. This involves:

- avoiding the use of jargon or technical terminology (as this can be alienating)
- avoiding discriminatory or offensive language
- avoiding inappropriate terms of endearment
- avoiding inappropriate use of slang

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Clarifying and questioning

Sometimes you might feel unclear about what someone has said to you. In care settings, this is often occurring – for example, if you misunderstand an instruction about how to carry out a task that could harm a service user’s wellbeing. In a situation where what someone has said is unclear, you should clarify or rephrase it. Questions can also be used effectively to find out more about what is to be done. Asking ‘open-ended questions’ (questions that require a more detailed answer) is a good way of gaining information than asking ‘closed questions’ (questions that only produce a yes or no).

Responding to difficult situations

Being an effective communicator also involves knowing how to respond to difficult situations and respecting the rights of others. This is covered in detail later (in the ‘Dealing with difficult situations’ section). It involves remaining calm and showing to the other person that you are willing to listen.



Observation skills

Being observant means having the ability to notice something significant. This is important in care and support settings because it allows staff to notice changes in an individual’s condition which could indicate progress or the need for extra support.

Observing changes in an individual’s condition

People working in health and social care must be able to notice any significant changes to an individual’s condition. This is important for providing the right care to meet their needs, as observing their condition will give an indication as to whether their needs are being met as anticipated. For instance, a support worker working with someone with **autism spectrum disorder** may try a new strategy to help reduce that individual’s anxiety. The support worker should monitor that individual’s anxiety levels closely to see if what they are doing is working and whether the individual is feeling calm or still anxious.

Autism spectrum disorder is a condition that affects the way a person’s brain works. Developmental delays and difficulties in communication and social interaction are common.



Observation may be carried out in many ways. For instance, someone who is very unwell (for example, someone who has had a fall) may have physiological measurements taken (for example, blood pressure) as a way of monitoring their condition. This can allow care teams to intervene if something appears to be wrong.

Monitoring children’s development

Children are usually expected to reach certain ‘**milestones**’ as they grow up. This refers to the skills and abilities that they are expected to have acquired a certain set of skills or abilities. For example, a child who is 18 months of age. By observing a child’s progress towards these milestones – and their behaviour and wellbeing – it is possible to find out at an early stage if there is something that extra support can be provided earlier, which usually has a positive outcome for a child’s development.



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Dealing with difficult situations

Care settings can involve a lot of emotion because people may be going through a difficult time due to their care needs or a failure of care services to effectively respond to these needs. Sometimes hostility can arise, which needs to be managed by staff appropriately. In the case of a conflict, staff should make an effort to show willingness to listen to the person who is upset and give them the opportunity to express themselves (while remaining calm and respectful themselves). Hopefully, this will lead to the issue being found, and could improve the way in which a service is run going forward. Staff should always be a priority for care staff. It is never a reason to believe that a person is violent, staff should leave the room if they are ready to do so when necessary. When the situation has calmed down, it can then be revisited.

Sometimes staff will have to manage an upsetting situation, such as breaking bad news to a person about their diagnosis or effectiveness of their treatment. Staff should aim to be empathetic and support the person the time they need to process the information and ask any questions.

Consider the following scenario: a doctor has to break bad news to their patient and the patient indicates that they have advanced lung cancer. Answer the following questions with your own ideas.

- Which emotions do you think the patient will be feeling? Write down all the emotions you can think of.
- What is the importance of the relationship between the doctor and the patient?
- Which communication and people skills do you think the doctor would have used?

A2 End-of-section questions

1. Identify the '6Cs'.
2. a) Explain what is meant by 'flexibility' with regard to providing care.
b) Identify **two** 'people skills' that those working in the health sector need to develop positive relationships with service users.
3. Explain why using an appropriate tone of voice is an important skill for those working in the health sector.
4. Read the case study below, and then answer the questions beneath it.

Joyce is 60, and has recently been diagnosed with Parkinson's disease in its early stages, but Joyce has some difficulty with writing and has found that her muscles sometimes become quite stiff. Her doctor suggests that Joyce might benefit from additional support from a domiciliary care worker, since she lives alone. Joyce becomes quite upset and angry and says that she is able to manage her condition on her own.

- a) Explain how observation of Joyce's condition could positively inform her support needs.
- b) Assess the different strategies that the doctor could use to manage Joyce's condition and help to rebuild the relationship with Joyce.

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A3: Empathy and establishing trust w

As we saw in Section A2, 'empathy' is generally defined as being able to understand the feelings of others. Being empathetic (and displaying this appropriately) is key for building trust with individuals. When service users also trust that you are able to meet their care and support needs, they are more likely to engage with health and social care services.

Attachment and emotional resilience theory

John Bowlby was a British psychologist, known for his work on attachment theory. He theorised that the quality of a child's interactions with their caregivers during their early years has a significant effect on their development, their wellbeing and the quality of their relationships throughout life.

Bowlby suggested that children have an inborn instinct to build attachments with their caregivers. Young children start by developing an attachment to their primary caregiver; this is usually the mother, but another person (e.g. the father, a guardian, a grandparent) can act as the primary caregiver. The quality of the attachment which develops between the child and their primary caregiver provides a kind of 'template' for the development of future relationships. This attachment will be either secure or insecure, depending on how responsive the caregiver is to the infant's needs.

Secure attachments

If the infant's caregiver responds sensitively and appropriately to the child's needs (e.g. comforting them during episodes of distress, feeding them when they are hungry), the infant is more likely to build a secure attachment. This means that they are more likely to trust that others are able to meet their needs, which means they are more likely to have healthy and trusting relationships with others as they grow up.

If the child experiences maternal deprivation during their early years (e.g. due to separation from or loss of their mother, or disruption to the attachment process), Bowlby proposed that there would be irreversible consequences to the child's development. These include emotional, social and cognitive difficulties.

Emerging autonomy and resilience

Children with a secure attachment to their caregiver use this as a 'safe base' to explore and interact with the world, which helps them to build **autonomy**. These children are also less likely to have emotional problems than insecurely attached children, which means they are more likely to be **resilient**. As securely attached children are more likely to explore the world and try new things, this will help them to build their resilience as they will learn from trial and error when things don't go well.

According to Bowlby, maternal deprivation without sufficient maternal care will have serious consequences. Do you think this is true? Why / why not? and write a short summary.

Did you know?

Mary Ainsworth tested attachment using the 'Strange Situation' to observe the behaviour of infants when reunited with their caregivers. There were three attachment styles:

- **Secure:** infants that trust their caregivers to meet their needs.
- **Insecure avoidance:** infants who avoid their caregivers and reject their needs.
- **Insecure ambivalent/resistant:** infants who are torn between being clingy and rejecting their caregivers due to caregiver inconsistency.

Autonomy – the ability to make decisions for yourself.
Resilient – the ability to bounce back from adversity and cope with unpleasant situations.

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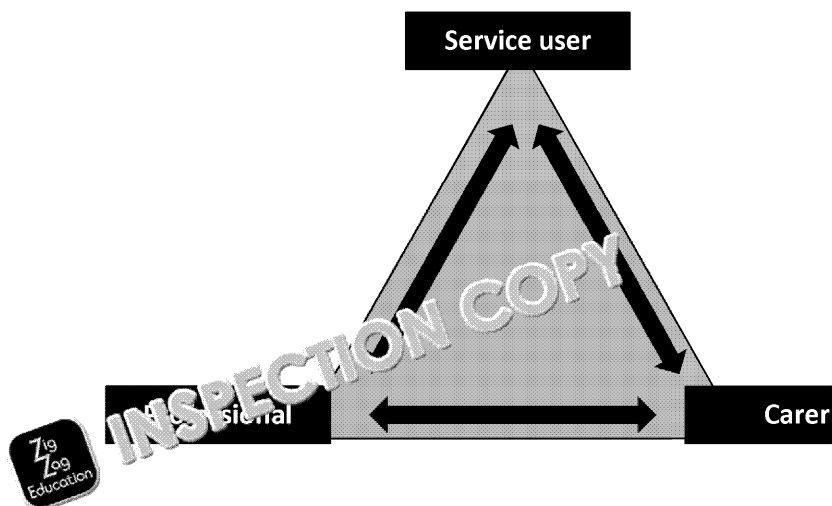
Triangle of care

The 'triangle of care' initiative was originally launched in 2010 by the Carer's Trust (a charity which provides carers' support services), with a second edition released in 2013. It sets out guidance for how relationships between the service user, their carers and service providers can support the wellbeing and recovery of the service user during a mental health crisis. The 'triangle of care' advises on ways to include carers caring their loved one's mental health crisis by building on their knowledge of how best to support that person and by including carers in all stages of the process.

Recommendations include:

- Seeking the views of carers when designing care plans
- Training staff to be 'carer aware'
- Introducing carers to the service
- Provision of carer support services

Kieran is 38, was hospitalised during an episode of psychosis last few weeks and has become extremely distressed and was convinced by the government that his thoughts were being monitored by his sister at the time. He initiated contact with the service because she was



The diagram above illustrates the triangular relationship between the service user, the professional and the carer. Each person in the triangle is involved in the service user's care, so working together is key to meeting the service user's needs.

In addition, showing carers empathy is really crucial for health and social care staff. Carers are often the best people to know what the service user needs and are likely to be very concerned for their wellbeing. Including them and showing empathy for their needs are valued could help to build trust with service providers, and make it more likely that the needs of their loved one are met.

Look up the Carer's Trust and find out more about the support they offer to carers.




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Empathy theories

The concept of 'empathy' has received a lot of attention from researchers and philosophers who want to examine exactly what empathy is. Is it just about whether we can understand and feel what others are feeling, or does it also extend to inanimate objects? Several theories of empathy are outlined in the table below.

Robert Vischer	Vischer was a German philosopher and psychologist who devised the word 'empathy'. The term literally translates into 'feeling with'. His theory of empathy involves the ability to transfer your senses to imagine how a person or object might feel leads a person to treat it accordingly.
Johannes Volkelt 	Volkelt was a German philosopher who was influenced by the work of Scheler (see above). His work on empathy explored the merging of individual and object, which meant that you could 'feel' the object in a bodily way, being aware of your own feelings in response to an object.
Martin Hoffman	Hoffman is an American psychologist who studies the link between empathy and moral development, and how children develop empathy as they get older. Young children tend to offer egocentric support to another person, which is a kind of support that they themselves would like. As they grow older, they begin providing support that is more appropriate to the person and the situation and of the other person's circumstances.
Max Scheler	Scheler was a German philosopher who differentiated between 'empathy' and 'feeling with', which means some kind of shared experience or feeling. He identified three types of feeling: feeling as one; identifying the self with the other; and feeling for another person's happiness or sadness.

Egocentrism – being unable to view things from another person's perspective; seeing things only from your point of view

A3 End-of-unit questions

1. Explain the importance of forming secure attachments.
2. Describe what the 'triangle of care' is.
3. Outline Vischer's theory of empathy.
4. Read the case study below, then answer the questions beneath it.

Rosie is five, and lives with her parents and older brother. She is a curious child, and she goes to her mother if she is worried about anything. She is quite happy and likes to spend time with her mother as well as her older brother.

- a) Is Rosie securely or insecurely attached to her caregiver? Justify your answer.
- b) According to attachment theory, suggest what has caused Rosie's attachment style.
- c) Explain how Rosie's attachment style will affect her autonomy and independence.

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Chapter B: Examining the ethical issues in providing care and support to meet individual needs

B1: Ethical issues and approaches

How do you know what the right thing to do is? In the (health and) social care, staff face across complicated situations where the right thing to do is not necessarily clear. Some situations can be minor – with limited consequences for those involved – but can be significant, life-changing situations with regard to an individual’s health and wellbeing.

Ethical theories

A key question for philosophers is ‘what is right?’ There are many different schools of thought on what makes an action ethical, which could be used to guide ethical decision-making. Several of these theories are described in the table below.

Which theory below is most consistent with a disagreement?

Theory	What does it mean?
Consequentialism	Looking at the consequences of an action is necessary to determine whether the action is right or wrong. The act itself isn’t right or wrong, but individuals should aim to increase the amount of good consequences. There are also subtypes of consequentialism; for example: <ul style="list-style-type: none"> • Utilitarianism: Founded by Jeremy Bentham, this states that actions should be performed which maximise happiness. • Hedonism: Actions should be performed with the intention of maximising pleasure.
Deontology	This is also known as ‘duty-based ethics’, and states that some actions are right or wrong regardless of the consequences. Universal rules can be produced about which actions are right and should be performed, and which actions are wrong and should be avoided in all circumstances. According to deontologists, you should perform the ‘right’ action even if it produces a greater degree of bad consequences. <p>Kantianism is a form of deontology based on the ideas of Immanuel Kant, who believed that it was most important to have a good motive behind the act performed.</p>
Principlism	This is based on four key moral principles, which are: <ol style="list-style-type: none"> 1. Respect for autonomy: allowing people to make decisions for themselves 2. Beneficence: acting in a way that promotes the good of others 3. Non-maleficence: avoid causing harm where possible 4. Justice: distributing positive and negative consequences as fairly as possible <p>These principles are often used in approaches to ethical decision-making. Key thinkers in principlism are James F. Childress and Tom L. Beauchamp.</p>
Virtue ethics	This was inspired by the work of Aristotle, an ancient Greek philosopher. Virtue ethics places emphasis on the role of character traits and the way that a virtuous person would behave in a given scenario. Good character traits are built up over one’s life by behaving consistently in that way, e.g. by habitually being generous.

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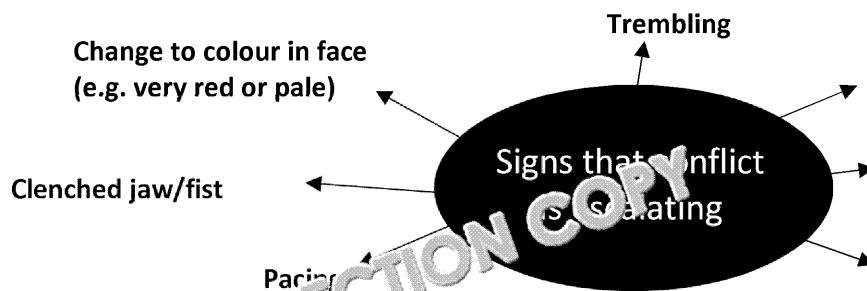


Managing conflict with service users, carers and families

Unfortunately, conflict sometimes does occur in care settings. This could occur for numerous reasons, including if service users, their carers or their families are unhappy with the treatment they have received, or with staff behaviour that they have witnessed. Care staff should take the time to find out exactly what their concerns are and what has happened to cause upset or anger. Staff should make sure they ask questions and practise active listening (explained in Section A2), so that the grievance and the possible ways to resolve it are fully understood. These concerns can also be directed to the formal complaints procedure within the service, to ensure that their concerns are followed up and acted upon if necessary. During any conflict, staff should always endeavour to maintain respectful, polite and courteous behaviour.

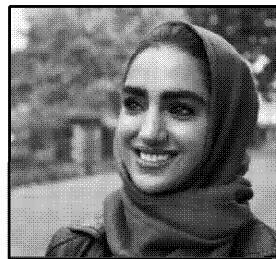


However, staff should always be aware of safety concerns during conflict. In some cases, it may not be possible to calmly resolve the dispute at that time, and the conflict may escalate and could become dangerous. This is particularly true when working with high-risk service user groups (e.g. people with a history of violent or aggressive behaviour) or when there is an increased risk of this occurring. Look at the diagram below to learn about some key signs of conflict. If you observe these signs, you may need to leave the situation or at least position yourself safely.



Amal is 28, and is visiting her father in hospital. He has recently had surgery on his heart, and is currently recovering well. As Amal is leaving the ward, she overhears two care staff speaking about her father.

They are making offensive jokes about their culture and religion, and Amal feels extremely angry. She goes to speak to the ward manager about what she's overheard.



- Read Amal's case study and answer the following questions. Write some notes on the back of the page.
- What would you do if you were Amal?
 - How would you support Amal? Which staff involved?
 - What would you do if you were the ward manager? How would you deal with discriminatory comments?

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Managing conflict with colleagues

Conflict may also occur between care staff. This can happen for many reasons, including the best way to provide care, differences in opinion or some staff feeling that other staff are not doing enough. The early signs may not be immediately obvious and, in many circumstances, conflict is bubbling under the surface for a long time. Managing conflict with colleagues is important to avoid a negative impact on the care provided. If care staff are not working together effectively, it can affect service users and reduce the ability of services to meet their care and support needs.

Personal attacks or insults between colleagues should always be avoided, as these are unprofessional. Staff should avoid engaging in conflict with one another in front of service users or families as this is likely to undermine their trust in the service and gives a poor impression. If a meeting should be requested with your line manager to outline the issue in a more formal way, the grievance should be less personal and may be more constructive in terms of finding a solution. It should be made to identify the root cause of the problem and come up with a solution, taking into account the viewpoints of everyone involved.

It's important to remember that care staff are only human, and sometimes personal issues can be significantly affecting someone. This can contribute to an increased risk of conflict. Staff should be stressed and tense, particularly if they are working in a high-pressure environment. It is helpful to let your manager know that you are under stress, so that steps can be taken to reduce stress before conflict arises.

However, in some circumstances it may be inappropriate to involve certain managers. For example, it could be the case that the person's immediate line manager may not be impartial or unable to resolve the conflict in an impartial manner. Additionally, if the conflict is between a staff member and their line manager, then it may be appropriate and necessary to involve other parties (such as a senior manager or the **Human Resources** department) to manage the situation more effectively.

Managing conflict of interests

A 'conflict of interest' occurs when two or more people (or groups) have differing needs or aims which contradict each other. How should these be balanced in a health and social care setting?

Care staff will often have to manage conflicts of interest throughout their working day. For instance, different service users will have different care and support needs and different preferences. Particularly when the service is understaffed, care staff will need to prioritise these different needs and decide which are dealt with first. Staff will need to weigh up the risk of harm and the potential benefits for each course of action, and think carefully about what a suitable compromise could look like. If you are ever unsure about a decision you are making that involves a conflict of interest, you should always ask your line manager or a senior colleague for advice.

The term 'conflict of interest' is also commonly used to refer to a situation in which a person's personal interest that could conflict with their professional responsibilities. For example, someone could be involved with a private care provider. By encouraging a patient to receive services from that organisation, they could benefit financially. This is a conflict of interest because the staff member is influencing the service user due to the motivation of financial gain, as opposed to working in the best interests of the service user. Staff members must declare any possible conflict of interest relating to financial interests.

Human Resources
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Conflicts of interest
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Balancing services and resources

Unfortunately, funding for health and social care services is limited; for example, the National Health Service (NHS) had a deficit of £960 million in 2017/2018². Due to these financial pressures, difficult decisions often need to be made about which services are funded, in which areas, and for which people. Pressure and demand on health and social care services have also increased as a result of population increases, the ageing population and staff shortages. Testing the effectiveness of new treatments and research is also expensive, so there is a need to decide about which research projects receive funding and which do not.

Most NHS costs are free, with the exception of some services (e.g. prescriptions and dental services) and patient contributions. Patients are expected to make a financial contribution towards the cost of the service. Unfortunately, this can sometimes put people off from engaging with services – for example, someone may be unwilling to pay for a dental check-up, particularly if they are struggling with their current level of income. Many people are also required to pay towards the cost of their own social care, such as care home fees or visits from a **domiciliary carer**. Currently, people will need to pay towards their own social care if they have more than £23,000 in assets.

Did you know?

The number of nurses from the European Union that joined the register of the Nursing and Midwifery Council dropped by 89% from 2015/2016 to 2016/2017. Some researchers have suggested that this has occurred as a result of the 'Brexit' referendum result in June 2016.⁴



Domiciliary care – social care provided in an individual's own home.

The NHS could save some money in a more efficient way. Look up the NHS website for the NHS and use this information to create a poster that could be displayed in GP surgeries about this plan. Then, discuss your efficiency plan with a partner.



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² <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/trusts-deficit>

³ <https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/paying-for-your-care>

⁴ <https://www.nmc.org.uk/news/news-and-updates/increasing-number-nurses-midwives-leaving-profession>

Minimising risk

Care staff should aim to do no harm to service users in their care, and take action to avoid this occurring where possible. In meeting the care and support needs of an individual, the aim is generally to improve their health and wellbeing and promote the individual's safety as far as possible. Carrying out **risk assessments** is one way that risks can be identified at an early stage, and strategies can be implemented to reduce the likelihood of these risks occurring. However, it is not beneficial for staff to be overly protective of a service user to the point where the service user is unable to live their life as they choose.

Promoting individual choice and independence


Individuals have a right to make their own decisions and have choice over how they live their lives, even if these are not the choices we would make for ourselves. Being able to do things for oneself and having autonomy over one's life are key to emotional wellbeing, as they help to build **self-esteem** and a sense of confidence. Staff working in care could ask themselves the following questions when trying to help someone to live more independently and make their own choices:

- Do they have the **mental capacity** to make this decision?
- What kind of support does this individual need to live independently?
- Can this individual express their choice? Do they require specialist communication methods? (Note that specialist communication methods are covered in Section C3)
- What are their unique needs, preferences and circumstances?

Sharing information

Who is authorised to access information about service users? Interactions with other care providers and external agencies are a key part of working in care, which often involves the sharing of information. This is essential for meeting the care and support needs because information can be shared between agencies to ensure the care and support required, and the opinions/preferences of the service user themselves. For example, if a service user is moving from one care home to another, it would be extremely useful to obtain information from previous service about their preferences, existing health needs and any risk factors. This information should be accurate and kept up to date, and should only be shared with those who need to know.

You should also be aware that sharing of information has the potential for the information to be misused. This could be by only sending over a partially complete version of a risk assessment or forgetting to include important information about a patient. Staff should be careful to check any information shared for completeness and accuracy. Staff should avoid multitasking while sharing or documenting important information.



Chris is 41, and is being assessed by a service which provides housing support to people with substance misuse needs. The assessment also includes questions about risk factors, as workers may be allowing him to live alone to provide housing support. The staff ask whether he has any previous history of violent behaviour, and Chris says no. However, he has assaulted a member of staff from social services in the past, who have referred Chris to this new service.

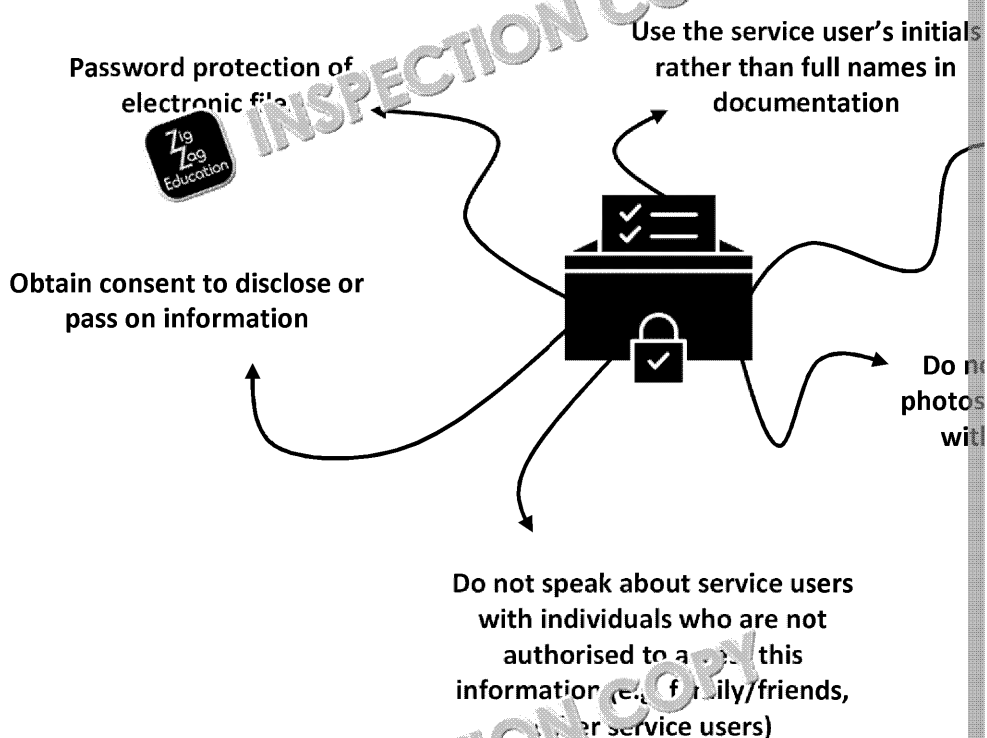
Read the text and think about how you would respond to Chris. What would you do to ensure his safety and support?

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Managing confidentiality

Please note that confidentiality is covered in detail in Section D3 but will be summarised here. All staff working in care services have a duty to keep information about service users private, as information about service users and their support is considered extremely sensitive. There are some circumstances in which confidentiality can be breached, however. If a service user poses a risk to themselves or to another person, care staff can disclose information because prevention of harm is given a higher priority. The diagram below contains information about how staff can maintain confidentiality.



B1 End-of-section questions

- Describe the difference between the consequentialist and deontological approaches to ethics.
- Identify **three** signs that conflict is escalating.
 - Justify strategies which could be used to manage conflict with service users.
- What is meant by the phrase 'conflict of interest'?
- Read the case study below, then answer the questions beneath it.

Ronald is 67, and lives in a residential service for older adults with mental health issues. He has a past history of inappropriate behaviour in the community and is currently supported by a member of staff when he goes out. He also sometimes has difficulty when he responds to them he shouts quite loudly which can sometimes include abusive language. He sometimes discloses information about his past experiences. His mental health and behaviour has deteriorated significantly over the last few years (a) and he would like to be able to go home and live independently. The manager of the service agrees to review the support Ronald is currently receiving.

- Explain why promoting Ronald's choice and independence should be a priority for the service.
- Explain why service staff might be concerned about Ronald's choice to live independently.

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B2: Legislation and guidance on conflict of interest, balancing resources and minimising risk

There are many different organisations which can provide guidance on the ethical aspects of providing care to individuals. There are also several key legal guidelines which influence the practice of staff. This section will provide an overview of this.

Organisations that influence or advise on ethical practice

Each country in the UK has its own version of these organisations which provide advice uniquely relevant to the needs of that country.



National Health Service (NHS)

This was established in 1948 with the aim of providing free, comprehensive healthcare to everyone. The majority of services are free to people who are legal UK residents, but some involve a small contribution from patients. For example, some people need to pay towards their dentistry or optician costs, and English patients pay a set rate for their prescriptions (£9.00 per item as of April 2019).

Each country in the UK has its own national health service which reports to the government of that country:

- Wales – NHS Wales
- Scotland – NHS Scotland
- England – NHS England
- Northern Ireland – Health and Social Care (HSC, also provides social care)

Department of Health and Social Care (DHSC)

This is a government department which aims to help people live longer, in better health and a greater degree of independence by advising ministers on health policy and strategy. The name changed in 2018 from the 'Department of Health', to reflect the increase in responsibility. For 2018–2019, the DHSC's policy includes maintaining people's health and economic productivity; a right workforce for the NHS; and making changes to the way that community and individuals maintain their independence.

The DHSC oversees the work of NHS England and covers some health issues in the other countries. However, each country has its own government alternative to the DHSC that covers its own health issues:

- Scottish Government Health and Social Care Directorate
- Welsh Assembly – Department of Health and Social Services
- Department of Health, Northern Ireland Executive

National Institute for Health and Care Excellence (NICE)

This was originally established as the 'National Institute for Clinical Excellence' in 2001. It now reflects the organisation's new responsibilities regarding the provision of social care. NICE operates independently from the government in terms of the work it does. NICE is responsible for the health of the nation and the care that is provided to them, based on the research and evidence.

Health and Safety Executive (HSE)

This was established as a result of the Health and Safety at Work Act 1975, which covers safety in the workplace. The HSE works with the government to reduce safety problems in the workplace, including workplace accidents and incidents. The HSE covers England, Scotland and Wales, and is responsible for Northern Ireland'.

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Legislation that influences or advises on ethical

Look at the diagram below to learn some key details about a few of these laws.

Mental Health Act 2007

This sets out the circumstances under which someone can be detained for mental health assessment and/or treatment without their consent (also known as being sectioned). This could be if someone is currently suffering from a mental health condition and is a risk to themselves or others. This version updated the 1983 Act, including additional guidance on community treatment and stating that a person can only be detained if treatment is available for them. Applies in England and Wales.



Human Rights Act 1998

This sets out the basic freedoms that everyone in the UK should have, based on the European Convention on Human Rights. For instance, everyone has a right to freedom from torture and inhumane and degrading treatment; liberty and security; and freedom of thought, belief and religion. This means that public bodies must respect these rights and that someone can take a case to court if they believe their human rights have been breached.

National Health Service Act 2006 (Section 140)

This law sets out how preparatory work should be funded by primary care trusts. Preparatory work means a pilot scheme established by someone. Primary care trusts can set out requirements which must be adhered to as a requirement of the financial assistance. Applies in England.



Equality Act 2010

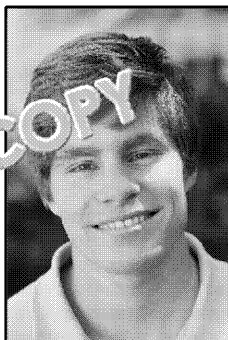
Under this Act, individuals are protected against discrimination in the workplace and in other aspects of society, such as in education or when using public services. Discrimination on the basis of nine 'protected characteristics', including age, sex and race, is illegal. The Act also protects people from being discriminated against on the basis of their association with someone with a protected characteristic, or if they have spoken out against discrimination.

Look up the Health and Safety at Work Act 1974. Create a presentation

- Five ways that employees could be protected in a care setting
- Five ways that service users could be protected in a care setting

Mathis is 22, and has learning disabilities. He lives in a residential care home with several other young men and visits a day centre once a week.

He starts to get on very well with one of the staff members at the day centre – Steven. Steven tells Mathis about what it's like in his care home. Mathis tells Steven that sometimes the staff don't help him get cleaned-up when he is incontinent, and tell him it's his fault.



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Guidance that influences or advises on ethical

This section will provide you with an overview of some of the guidance around ethical issues that may be used by people who work in care services.

Decision Support Tool

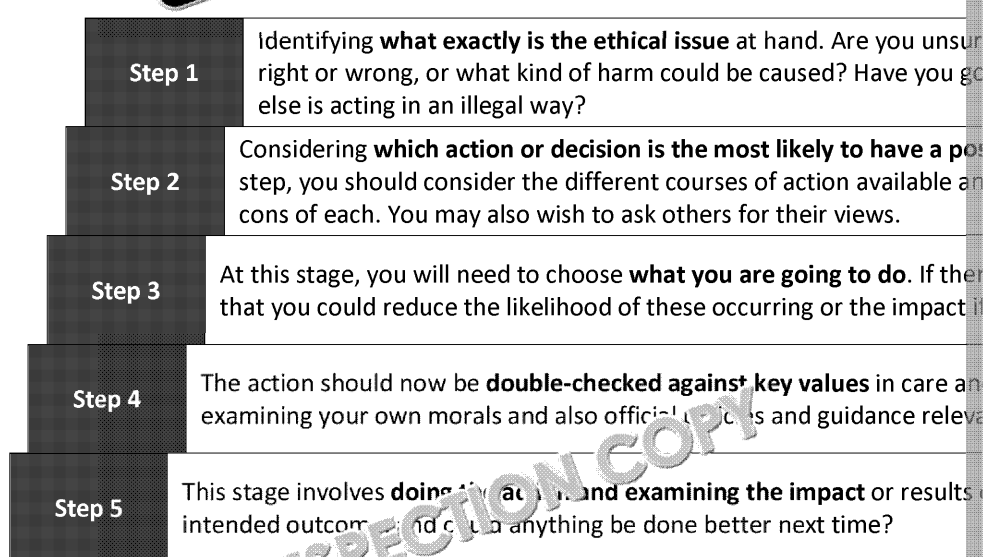
This is part of the 'NHS Continuing Healthcare' initiative which provides free social care to adults with long-term, complex conditions, which is funded by the NHS. The Decision Support Tool is used by a health professional to help determine whether an individual is eligible to receive this support based on their needs in 12 care domains:

1. Breathing
2. Nutrition (e.g. difficulties swallowing)
3. Continence (e.g. control of bladder and bowels)
4. Skin integrity (skin health)
5. Mobility
6. Communication (e.g. verbal and/or non-verbal)
7. Psychological and emotional needs (e.g. mood difficulties, hallucinations, distress)
8. Cognition (e.g. memory, decision-making, awareness of risk)
9. Behaviour ('challenging' behaviour, e.g. aggression, severe restlessness, high risk)
10. Drug therapies and medication (e.g. unmanageable side effects, requires medication by a professional)
11. Altered states of consciousness (e.g. as a result of epilepsy)
12. Other significant care needs (which do not clearly fit into any of the 11 domains)

The aim of the tool is to ensure that decision-making about eligibility for continuing care consistently and fully takes into account the holistic needs of each individual. Consider whether the individual's condition is likely to progress or worsen, and how unpredictable it is.

Five-step Framework

This provides a useful process that can be followed when an ethical issue is identified. The decision-making framework to handle that ethical issue. One advantage of the Framework is its broad in its application and could be applied across a range of ethical decisions that arise.



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NICE and NHS guidance on care pathways and care plans

A care pathway means the general course of action which is taken to treat or manage a condition which should be based on the best available evidence. For example, NICE guidelines should be used and the exact criteria which should be applied when assessing and managing a range of health conditions, and provides guidance on the treatments which are most appropriate for particular groups.

A care plan, on the other hand, is drawn up for each individual. An individual's care plan is often consistent with the relevant care pathway for their need or condition, but the care plan is much more tailored to that individual's unique needs, preferences and circumstances. Wherever possible, care plans should be developed in partnership with the individual (and their families and/or carers). Care plans should identify who is responsible for any actions which are decided and should be reviewed regularly.

Look up one of the NICE guidelines for a health condition. The NICE guidelines can be found at <https://www.nice.org.uk>

Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups

This guidance was originally published in 2013 and was updated in 2017.

Clinical Commissioning Groups (CCGs) were created as a result of the Health and Social Care Act 2012; they plan the primary care services which are delivered in a given area and are led by clinicians. As CCGs decide which services are delivered and funded in their local area, there is a risk of a conflict of interest occurring if one or more members have a competing interest in the services which are provided (e.g. they could gain financially). The guidance helps CCGs to understand what constitutes a conflict of interest, how conflicts of interest should be managed when they arise, and how to raise any concerns they have.

Clinical Commissioning Groups (CCGs) are groups of clinicians who plan and provide primary care services in their local area.

HSE guidance on risk assessments

The Health and Safety Executive (HSE) states that employers (of more than five employees) should carry out risk assessments to ensure the safety of their employees and others. These assessments should identify the risks to health and safety and:

- what the risks are
- what the possible harm to people could be
- how these risks can be reduced or managed

Risk assessments should be reviewed regularly, and should always be updated if the circumstances at the workplace. Ideally, employers should ask employees for their views on what risks in the workplace are. In care settings, the people working directly with patients may be able to identify how elements of the workplace setting could be harmful.

How this guidance may be counterbalanced by other factors

Although this guidance will apply in most situations in care settings, there are some other factors that need to be taken into account when making ethical decisions. The ethical issues in care settings are complex, which means that each ethical issue will need to be handled on its own merits and taking into account all the relevant factors.

Religion

The religious or spiritual beliefs that an individual holds can influence the kinds of treatment they may find acceptable. For example, **Jehovah's Witnesses** do not accept blood transfusions or organ transplants, even if refusal of the transfusion could result in death. If the individual has the mental capacity to make this decision, then care staff must respect it. Some people also have specialist dietary requirements due to their religious beliefs, and services must endeavour to meet these requirements where possible. This not only reduces the risk of someone becoming malnourished, but also sends the message that diversity is valued and respected by that service.

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Personal choice

Each individual is likely to have a different perspective or opinion on the kinds of care best for them. Everybody has a different set of life circumstances and experiences so one approach may not work. This is why including the individual in developing their care plan 'person-centred approach' is so important. A person-centred approach means that each service user is an individual who should be included in decisions made about their care and support. By listening to individual views and perspectives, the care provided is often more in line with the individual's wishes. As a result, care may be more likely to be effective.

Government policies

When government policies are reviewed and updated, this can mean that existing working practices are no longer valid and that existing services and care organisations may become out of date. Services and care organisations should endeavour to be aware of any government policy changes.

Can you think of ways to counterbalance the risks in this section? Discuss your ideas on a separate sheet of paper.

B2 End-of-section questions

1. Describe the role of the National Institute for Health and Care Excellence.
2. Outline the key features of the Mental Capacity Act 2005.
3. Read the case study below, then answer the questions beneath it.

Emilio is the manager of a new care home for elderly people. There are no care homes in the area yet, but several people have already registered their initial interest. Emilio is making sure the care home is ready for purpose beforehand, and has been working there.

- a) Explain how the Health and Safety Executive's guidance on risk assessment could help Emilio to set up the new care home.
- b) Explain how service users' personal choices could counterbalance the risks identified by the risk assessment.
- c) Justify how **one** other piece of relevant guidance could be used to support the care involved in providing care and support for people who will be living in the care home.

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Chapter C: Investigating the principles behind meeting the care and support needs of individuals with care and support needs to overcome challenges

C1: Enabling individuals to overcome challenges

While working in health and social care, a key aspect of your role is to support the individuals you care for to overcome challenges. Getting the care and support that an individual requires is not always straightforward. There are many barriers that may be encountered while trying to do so.

Types of challenge faced by individuals with care and support needs

Being aware of the types of challenge that individuals might face can help you to identify them more quickly, understand what is occurring and be more prepared to support them through that challenge. Look at the following table and identify a few of these different types of challenge.

Type of challenge	How does this affect individuals?	Example
Awareness and knowledge	Service users may not be aware of the care and support that is available to them, or how to access it. Similarly, service users are not provided with the necessary knowledge that can help them manage their condition, and this could lead to a worsening of their condition.	<i>I was recently diagnosed with a stress disorder following a road accident. I did not know I could get help from mental health services, or that I could get help with my flashbacks or anxiety as I just assumed I had to live with it.</i>
Practical challenges	Due to illness or disability, some people may find carrying out the tasks of daily living very difficult. There may also be practical challenges such as accessing support services, including issues around transport and financial resources.	<i>As a person with a physical disability, I need a wheelchair to get around. It is difficult when I need to go to the shops, and sometimes people are not used to the disabled person's needs.</i>
Skills challenges	Very complex individuals in particular may need a high level of planning or organisational skills to manage their care, e.g. scheduling appointments, remembering different medications. Additionally, as many services move towards online systems, people without IT skills may find them increasingly difficult to navigate.	<i>My local general practitioner is difficult to book their appointments. I really understand the need for prescriptions, but I don't feel comfortable using the online system.</i>
Acceptance and belief challenges	Some people may be in a state of acceptance over their current state of health and wellbeing, and may not believe that there is anything they can do to improve their situation. An individual's beliefs (e.g. religious, cultural) can also influence the different kinds of treatment which are viewed as acceptable.	<i>Unfortunately, my family – both my mother and father – have had heart problems. I have been overweight and I don't think I can do anything to change that, so I just assume that's my fate, too.</i>
Motivational challenges	Some individuals may not feel the drive to make the necessary effort towards improving their health. They may feel that it is not likely to work anyway, or may be discouraged by the amount of time and effort it might take to see results.	<i>I've been a heavy smoker for many years. I'm now in my 50s and I know I should stop, but every time I try to quit, I give up. I don't really worry about my health.</i>
Communication challenges	As a result of a health condition or disability, some people may struggle to communicate. For instance, someone with hearing disabilities may need longer to process information, or someone who has suffered brain damage after a stroke may struggle to express themselves clearly.	<i>I was diagnosed with a hearing impairment and the pain in my hands and wrists makes it impossible for me to write. It's difficult for me to be able to fill out forms and communicate with my GP.</i>

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Methods of identifying challenges

To help individuals overcome challenges, you must first identify exactly what challenges these are having an impact. Look at the diagram below to learn about several different methods of identifying these challenges.



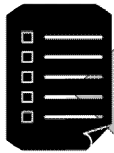
Observation: care workers should pay attention to any signs in the behaviour of service users which could indicate that challenges exist. For instance, you might notice that someone is struggling more with a task than they are used to.



Focus group: this is when a small group of people are brought together to discuss an issue. Focus groups give people the opportunity to share their views on services, including any issues they are facing.



Talking to individuals informally: while performing your care duties, you can talk to service users over a cup of tea, perhaps) about whether they are experiencing any challenges at the moment. For some people, a more informal method is preferred. However, more formal methods (e.g. focus groups) may cause anxiety.



Questionnaires: these involve a set of questions about a given topic that you ask people to answer (e.g. rating scales) but they can also involve some open-ended questions. They are useful if you want to seek the opinions of a large number of people.



A local hospital is planning to redesign its **audiology** department, with the idea of providing a higher quality service which better meets the needs of its service users. The hospital wants to get the opinions of patients on how the services should be redesigned to overcome any possible challenges.



Read through the text about the audiology department and think about you think effective ways to overcome any challenges.

Audiology treatment conditions

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Strategies used to overcome challenges

Once challenges are identified, strategies to overcome them should be implemented. There may be several different strategies which you could implement – you will need to carefully consider each to increase the chance that more effective support is provided to a service user.

Educational information materials

These can particularly help to overcome challenges relating to awareness and knowledge, as they can summarise key information about health and care services in an accessible way. Educational materials could also help to motivate individuals and give advice on overcoming practical challenges (e.g. information about patient transport services).

Pick a health or social care service, and design a leaflet to be handed out for educational purposes to service users. It should summarise the following:

- What care/support services are available
- How to access these services
- The professional roles involved

Educational information materials may take many different forms, including:

- ✓ Leaflets
- ✓ Posters
- ✓ Videos, e.g. DVDs or online
- ✓ Presentations
- ✓ Websites
- ✓ Audio guides

However, you must consider whether the educational information materials that you provide meet the individual needs of service users. For example, service users with visual impairment may find health information provided in the form of a written leaflet. This means that, if relevant, health information should be provided in alternative formats to meet the communication needs of individuals (see Section C3).

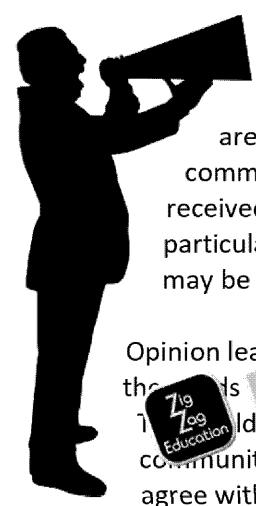
Training courses

Training courses help to teach people strategies by providing practical demonstrations, explaining the underlying theory and by providing the opportunity to ask questions. Training can help individuals to feel more confident in managing their own health; for example, a local community health service could run training sessions on how to eat a healthy, nutritious diet. However, training courses are not always free, which could prevent some people from accessing them. It may also be difficult for some people to attend training courses due to other commitments (e.g. work, school or caring responsibilities). Offering training courses during the evenings or at weekends; online rather than face-to-face) can help to reach a wider range of people.

Try to design a training course which meets the needs of some of the service users.

Opinion leaders

Opinion leaders are people who are considered to be influential for a particular community or group. If they are particularly well-liked, respected and trusted by the community, information about care and health may be better received from these opinion leaders. An opinion leader could be particularly helpful when attempting to implement new guidelines for care. Service users who are opinion leaders may be more likely to engage with the change.



Opinion leaders among service users can also be helpful. For example, a service user who is well-liked and respected in their community could help to spread information during consultations about the services provided. This could result in the services provided being more acceptable to members of the community. One possible drawback of this strategy could arise if the relevant service users do not agree with the health and care information provided, as the relevant community may be less likely to follow the advice as a result.

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Clinical audit

This is an organised evaluation of how well care is being provided, based on precisely outlined criteria. People performing the audit will look for evidence that these criteria are being met and that care is being provided at the standard it should be. Clinical audits also allow any problems or challenges to be identified. If a challenge is identified at a particular service, other similar services could be consulted to find out how they are overcoming that challenge. Clinical audits could be performed on a national or local level.

Although a clinical audit may show how well a service is performing overall, it may be done at an individual level – depending on the methods used by the audit. For example, staff seeing a particular service may not tell you very much about the quality of care (whether patients felt listened to and respected, whether patients experienced any problems during those appointments).

Computer-aided advice systems

These make use of technology to help care professionals provide the best standard of care. For example, a general practitioner (GP) prescribing a particular medication may receive a prompt on their computer screen to remind them of serious health risks of that medication when it is prescribed to certain individuals (e.g. those on other types of medication, or with a past history of a particular illness). These systems can also provide prompts to remind practitioners of questions to be asked of patients, which can help reduce the risk that any care and support needs are missed during assessments.

However, these systems are not guaranteed to provide the 'right' answer, and still require judgement to be effective. There is also the risk that user error (e.g. accidentally clicking the wrong button) could produce an incorrect result.

Patient-negotiated strategies

Involving and consulting patients about the best way to provide services means that they can accept the types of support that is offered to them. This is because these services are tailored to their needs and to have taken into account any challenges that may be faced. However, efforts to consult patients do not accidentally exclude certain groups from participating. It is important to ensure that any patient consultation opportunities are accessible for those with additional needs. It is also important to invite a wide range of people so that the diversity of the community is appropriately represented.

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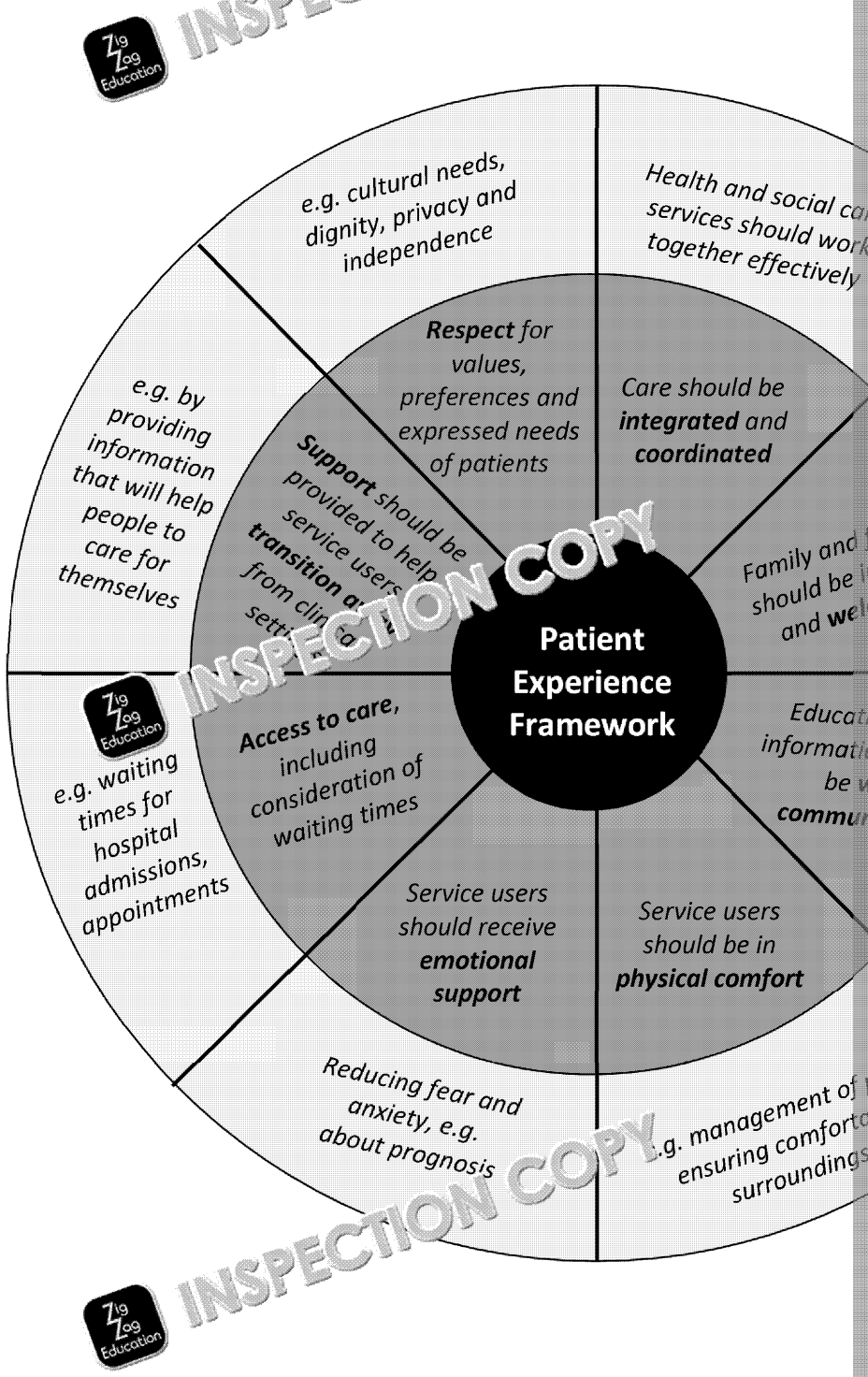


Role of policy frameworks in minimising challenges

There are several frameworks which can be used to minimise the challenges faced by service users, by setting out clear expectations for conduct and/or standards of care. Several

NHS Patient Experience Framework

This was developed in 2011 by the NHS National Quality Board (NQB), with the aim of setting out the elements of patient experience when they used NHS services. Applying this framework can help to minimise challenges because services can be delivered in such a way as to maximise the likelihood of service users having a positive experience. There are eight elements outlined by the plan – look at the diagram below to learn more.



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Health Action Plans

Health Action Plans (HAPs) are a way of ensuring that the health needs of people with learning disabilities are being met. This is particularly important as people with learning disabilities tend to be at a greater risk of developing physical health problems. HAPs are tailored to each individual, considering the different factors which influence that person's health. HAPs can minimise the challenges faced by people with learning difficulties by outlining the kinds of support that individuals need to maintain or improve their physical health.

Adult Social Care Outcomes Framework (ASCOF)

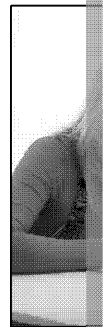
This is used to check whether the care that is being provided is helping people in a meaningful way, and can be used to examine the provision of services at local level.

There are four key domains covered by the ASCOF:

1. Improving the quality of life experienced by people with care and support needs
 - o Includes: having sufficient social contact; living independently; the quality of life
2. A reduction or delay to the need to receive care and support
 - o Includes: sustaining independence in dementia; the proportion of older people living at home after being discharged from hospital
3. Providing a positive experience of care and support
 - o Includes: satisfaction of service users and carers; consultation of carers
4. Safeguarding and protecting vulnerable adults
 - o Includes: the extent to which people feel safe; the extent to which services are safe

Common Assessment Framework (CAF)

The CAF outlines how children with additional needs should be identified and assessed by children's services. Using the CAF, children's services can also outline the way that each child's needs will be met and how progress will be monitored. Early identification of problems that a child is facing can lead to early intervention, which is more likely to have a positive impact on the child's development. A plan of support is drawn up, which should be person-centred with regard to the child and their family. Note that the CAF is not used with children who have more severe support needs and require an intense intervention (e.g. safeguarding concerns).



The integrated approach taken by the CAF helps different professionals to work together to meet a child's needs. The CAF is designed to be used by all professionals involved. A Lead Professional is nominated to act as a first point of contact for the family and coordinate the work of the other professionals. The Lead Professional should be the individual whose role has the highest level of relevance to the main care and support needs of the child. The CAF helps to support families by removing the need for families to have separate assessments with each professional.

The CAF is part of the government's 'Every Child Matters' initiative (2003), which was created in response to the death of Victoria Climbié. She was an eight-year-old girl who died in London in 1998 after suffering from severe child abuse from her guardians. Sadly, there were numerous opportunities for professionals to intervene, which were missed. The Every Child Matters initiative outlines the right to a healthy, enjoyable and safe life; to make a positive contribution; and achieve economic well-being.



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Impact of not enabling individuals to overcome

Supporting individuals to overcome challenges (e.g. by changing the way services are provided) because there can be many different negative impacts when an individual cannot overcome a challenge. For instance, a health condition of an individual could deteriorate or their symptoms could have a knock-on effect on other areas of their lives, including their emotional, social and financial. A challenge is because of the way that a service is being provided, then it is highly unlikely that the individual is affected. This means that there could be a large group of people who are not receiving the support they require.

C1 End-of-unit questions

1. Describe how challenges relating to 'awareness and knowledge' can be overcome.
2. Identify **three** strategies that could be used to identify challenges.
3. Describe how educational information materials can be used to overcome challenges.
4. Outline the role of the NHS Patient Experience Framework in minimizing challenges.
5. Read the case study below, then answer the questions beneath it.

Eliza has a young son, Ben, who is three. Staff at Ben's nursery have noticed that his language development appears delayed and that he isn't understanding or processing instructions as expected for his age. Staff have spoken to Eliza about arranging additional support for Ben.

- a) Which kind of challenge is being faced by Ben?
- b) Evaluate the use of the Communication Assessment Framework for helping Ben to overcome challenges.

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C2: Promoting personalisation

Health and social care staff have a responsibility to promote personalisation in the section will give you an overview of a few ways in which this can be achieved.

Personalisation

In health and social care, 'personalisation' means that care is tailored to the unique preferences of individuals. No two people are the same, and just because two people does not mean that they have the same needs. Providing personalised care is also helps service users feel that they are valued and respected as individuals by

One key way of achieving personalisation is to fully involve individuals in the planning. By doing this, the individual can set their own personal goals that they are more likely to achieve. This means that they are more likely to feel motivated to work towards these goals. Service users should have choice and control over the way that care is provided to them. For instance, some service users should be able to have a say over the frequency, length and purpose of the visits and



Lucy is 31, and lives with her partner, Harry. Together they have two young children, twin boys who are eight years old. Lucy is currently inactive and would like support to exercise more to improve her health. She enjoys most sports but struggles to find the time due to family commitments, as well as having a stressful job. Costs of living are also quite high for Lucy and Tom, so there is limited money left after paying the bills.

Methods of recognising preferences

There are several different methods for identifying the preferences of an individual service user, and this section will cover several different types of plan. Plans should outline clearly (in writing):

- the needs of an individual
- the goals of an individual
- factors which influence their support needs
- the kind of support that will be provided
- who is responsible for doing what
- a time frame for actions to be completed

All plans should be reviewed regularly and updated as required, e.g. if the person's

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Care plans

These are drawn up for people who need support to live safely. For example, someone may have a reduced intellectual capacity as a result of a learning disability, illness or injury, and may struggle to carry out the tasks of daily living independently. They may find it difficult to wash and dress themselves in the morning, or to prepare themselves a nutritious meal. For example, someone might experience a reduction in their mobility following an accident. As a result, they may not be able to move around their home as safely as they did prior to the accident.

A care plan will outline what kind of assistance an individual will need in order to live safely and as independently as possible. Individuals should be able to state their preference on how this support is delivered. Look at the example of a care plan provided (right), to get an idea of some of the content that might need to be considered.

Learning plans

Learning plans outline the support provided to people who have **learning difficulties**. The general intellectual ability of people with learning difficulties is not affected, but they have difficulties processing a particular area of learning. For example, people with **dyslexia** have difficulties with reading and writing.

A learning plan can help to outline exactly which areas of learning an individual is having difficulty with, and what appropriate support to be planned, which can help them overcome these areas of difficulty.

LIFESTYLE SUPPORT NEEDS		GOAL OF CARE	TRAINER
		RESIDENTS NUTRITION & HYDRATION IS MAINTAINED AT OPTIMUM LEVEL	<p>Preferences</p> <p>Size of meals:</p> <p>Likes:</p> <p>Dislikes:</p> <p>Preferred drinks:</p> <p>Preferred eating</p> <p><input type="checkbox"/> Breakfast in</p> <p><input type="checkbox"/> Lunch in</p> <p><input type="checkbox"/> Evening meal</p> <p>Diet</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Supplement</p> <p>Type:</p> <p>Amount:</p> <p>Dysphagia management</p> <p>Difficulty with chewing</p> <p>Difficulty with swallowing</p> <p>Thickened fluids</p> <p>Enteral feeding</p> <p>PEG feeds (type)</p> <p>If PEG, <input type="checkbox"/> Bolus</p> <p>Assistance required</p> <p><input type="checkbox"/> Cut up food</p> <p><input type="checkbox"/> Leave glass</p> <p><input type="checkbox"/> Place utensils</p> <p><input type="checkbox"/> Refill fluids</p> <p><input type="checkbox"/> Guide food</p> <p><input type="checkbox"/> Place food in</p> <p><input type="checkbox"/> Supervise eating</p> <p><input type="checkbox"/> Encourage eating</p> <p><input type="checkbox"/> Other</p>
<p>Links to Assessments:</p> <p>Eating & Assessment (11-09a)</p> <p>Nutrition Assessments for Residents at Risk (11-41)</p> <p>Dietician Assessment</p> <p>Speech Therapist Assessment</p>			
Name		Designation	
Signature		Date	
Notes			

Use the Internet to look up templates which could be used for a learning plan – choose two and print them off. Annotate the plans to highlight the similarities and differences between the two, and explain why the key aspects of each plan are important.

Learning difficulties – these are distinct from learning disabilities. A learning difficulty describes a specific difficulty with processing a type of information.

Dyslexia is a type of learning difficulty in which someone has problems with reading and writing.

Did you know? Learning difficulties and learning disabilities do not affect an individual's general intelligence. People with learning difficulties and disabilities may struggle with processing information, but their ability is not affected.

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Behavioural plans

Behavioural plans are useful for providing support to people with behavioural difficulties. For example, their behaviour could be socially inappropriate (which puts the person at greater risk of social isolation) or could be putting themselves or others at risk of harm. A behaviour plan should outline exactly what the problematic behaviour is, and any triggers that make the behaviour more likely to occur. The plan should also outline strategies for reducing the incidences of problematic behaviour; promoting more positive behaviour; and calming or de-escalation strategies if the person is becoming agitated. Involving the individual and their family/carers can be highly beneficial for establishing their own preferences with regard to managing their behaviour, which can make the plan more likely to be effective.

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Specialised support from health and social care professionals

Depending on the individual's care needs, there may be a wide variety of health and social care professionals involved in their support (Section D2 outlines the roles of different professionals in more detail). Different professionals have different skills, knowledge and abilities which can help to meet the service user's care needs. Professionals can help a service user's preferences to be recognised and identified, particularly if they know that service user well or have a good relationship with them. This is because the service user is more likely to trust them and may feel more comfortable disclosing any needs that they have.



Professionals may also be able to provide specialised support with regard to communication preferences. For instance, they may be trained in specialist communication methods (such as British Sign Language – see Section C3), which can help a service user to more easily communicate their preferences when developing their personalised plan of care and support.

The importance of promoting choice and control

How would you feel if you were not offered choice or control over the way that care is provided? If choice and control are not promoted, this can lead service users to feel as though they are not in control of their lives and that the care being provided is not right for their needs. This can lead to dissatisfaction with services, which means that the person's care and support needs might not be met. Care and social care staff should strive to maintain the individual's rights to independence and control.

Financial impact on care provision

It may appear that providing personalised care could be more expensive than a standard care plan. However, more time and effort may be spent developing individualised care plans and providing care to each individual. However, the increased engagement that comes with personalised care can lead to a reduction in the resources that are required. This is because people may feel more empowered to manage their own care, which means they may feel more able to manage their condition. People who are more engaged with their care are more likely to follow their care plan if it is personalised to them, which could lead to a reduction in care and support needs over time. This will have a knock-on effect to health and social care services, which are less likely to need funding from health and social care services.

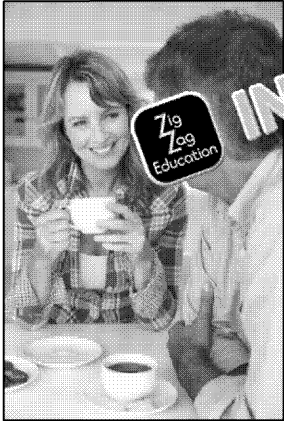
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C3: Communication techniques

Being an effective communicator will be invaluable when supporting an individual to overcome challenges. It will help you to understand more fully another individual, increasing the likelihood that what you say is understood by others.

Different approaches for effective communication



Health and social care staff may find it useful to apply a communication approach, as this may help them to reach a better understanding of how the person feels. There are several different approaches to a given situation, and sometimes one approach is more effective than another. A few key approaches are outlined in detail below.

Humanistic

The humanistic approach emphasises the role that freedom and encouragement play in communication. Care staff should treat service users as equals and should adopt a client-centred way. This means that the care worker does not control the discussion, but instead allows the service user to take the lead.

According to the humanistic approach, service users should be treated with **unconditional positive regard** (care workers should accept and value the service user for who they are, regardless of their behaviour). This can help to build their confidence and self-esteem. Care workers should also aim to communicate in a non-judgemental way. However, this can sometimes be very difficult for care workers (especially if they have conflicting beliefs).

Behavioural

This approach examines the behaviour of individuals, and seeks to explain why they act in the way that they do. A key principle in the behavioural approach is the use of rewards and punishment to make behaviour more or less likely to occur in the future.

An example of a behavioural approach to communication could be teaching a young child to use **PECS** – cards which contain pictures of common items (e.g. different foods, toys). Children who struggle to communicate verbally may benefit from using these, as children are taught to ask for items by providing the card that contains the picture of that item. The behaviour (i.e. using the card) is rewarded by the provision of the item they ask for, which makes the child more likely to repeat the behaviour in the future. PECS can be used as a way of introducing children to learning language, and, over time, they can learn to build more complex statements.

However, the behavioural approach does not examine other unobservable influences (e.g. inner thoughts, unconscious experiences). It is also unethical to use punishment to control particular kinds of communication.

Cognitive

The cognitive approach focuses on how individuals process information, and how various aspects of thinking affect how individuals communicate with others. These aspects include the role of memory, attention and problem-solving skills. These processes must be considered when interacting with an individual, as some people with care and support needs may have difficulties with these skills. For instance, if you are working with someone who has difficulties with attention, you should be very careful to avoid overloading them with too much information in one interaction, as this may not be retained.

Psychological
understanding
thinking

Unconditional
positive regard
acceptance

PECS
Communication
cards
pictures
phrases
instructions
(e.g. 'I want')

Did you know?
In cognitive psychology, the brain is often compared to a computer. Computers store information and process it, and the brain is like a computer in that it stores information and what's in it.

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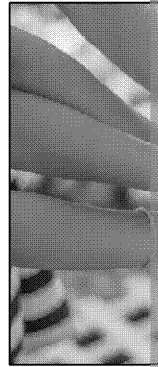


Psychoanalytical

The psychoanalytical approach focuses on the **unconscious** elements of the mind and how these affect the way we feel and behave. The importance of early experiences is also emphasised, as unresolved trauma during our early years is hypothesised to affect the way we think and feel later in life. While the psychoanalytical approach can be useful for getting to the root cause of an individual's difficulties, the process can also take a very long time and requires a specially trained therapist to be carried out properly.

Social

Social psychology focuses on how individuals relate to one another, how they behave in a group context, and the influences of other people and groups on an individual's behaviour. Using a social psychological approach to communication could involve being aware of the group dynamics in a care setting and considering whether and how these dynamics could impact an individual's ability to communicate. For example, if one individual in a care home is particularly dominant and tends to speak over other people, you should be aware that other service users in that situation may be less inclined to say how they really feel.



Types of communication

Many different types of communication are used when meeting the care and support needs of individuals. Several of these are outlined below.

Verbal

Verbal communication refers to what you say, how you say it and how skilled you are at effectively understanding what other people say. Good verbal communication involves being clear and using appropriate vocabulary for the situation, adapting the way you speak if necessary.

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Body language

This refers to how individuals use movements of their body to communicate feelings. It is often performed and understood unconsciously and automatically. Look at the diagram below for a few different types of body language.

Gestures – clear actions (usually made with the hands) that communicate specific messages, e.g. waving for hello

Facial expressions – use facial expressions that match the tone of the situation, e.g. smiling during an activity at an early years service

Body posture – have an 'open' rather than a 'closed' body posture, as being closed (arms folded) may make you appear defensive

Elements of body language

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Written

Completing accurate records is integral to working in care settings, as these provide evidence that care has been given safely and in accordance with an individual's care plan. Having good written communication is also important when contacting service users; for example, when issuing a letter to confirm an appointment. Common features of good written communication include:

- using accessible language; avoiding jargon
- signing/initialling or dating records where required
- providing all relevant details
- using clear handwriting or an appropriate font
- using of good grammar and appropriate vocabulary

Formal

Formal communication should be used in professional situations, e.g. during a meeting when meeting a service user for the first time. Using formal communication helps to show respect by addressing someone by their title.

Informal

Informal communication is typically used between friends or people who know each other. In professional situations, informal communication should be avoided as it can make a professional seem unprofessional. Note that, sometimes, informal communication is appropriate with service users who know a group of service users particularly well and are taking them out on a social activity. A style of communication in that scenario may appear unfriendly and may not help to build a rapport.

Alternative communications

Some people have different needs with regard to the most effective way to communicate. This can be the result of a learning disability or a sensory impairment. Using one of the alternative communication methods described below may help to meet the communication needs, depending on the individual's needs.

Makaton

This is a communication system that uses signs and symbols, used by some people with learning disabilities and/or verbal communication difficulties. The signs and symbols are used alongside speech as a way of supporting speech development. The word order used in Makaton is the same as in speech. Makaton can also be personalised to the needs of the individual.

British Sign Language (BSL)

This is a way of communicating used by some people with hearing impairment. British Sign Language (BSL) is the most commonly used sign language in the UK, with a language of 87,000 people. It involves gestures, hand shapes, facial expressions and a unique grammar system. Many services will provide BSL interpreters, e.g. to aid communication between service users and care professionals during appointments.

Braille

This is a touch-based communication system used by some people with visual impairment to read and write. Braille uses small dots to represent various elements of written communication such as letters, numbers and punctuation. Many services will be able to arrange for the provision of written materials in Braille format. Using Braille with computers, it is also possible to use Braille with computers.

Communication boards

These can be used as a way of interacting with people who are unable to use or understand spoken communication. They use pictures to represent items, situations or feelings (e.g. happy, sad). They are used to quickly aid communication across a variety of circumstances.

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Symbol systems

These can be used by people who are unable to use/understand verbal communication; they involve the use of a representation of a concept, such as a picture (e.g. a picture of a hospital). These may also be abstract, which means the individual will have to learn the association between the symbol and the concept (e.g. overlapping shapes to represent 'in front of'). Physical objects can also be used as part of a symbol system – for instance, someone may bring their plate to indicate that they are hungry. These are termed 'objects of reference'.

Think of a key phrase that you have used by a service user, such as 'I want to go to the shop'. Now head to <http://www.british-sign.co.uk/british-sign-language/dictionary/> and learn how to sign and say this phrase using British Sign Language. How challenging was it? How did you find this?

Theories of communication

Below are several key theories about the underlying processes involved in communication. Consider how to make the way you communicate more effective.

Charles Berner

Berner proposed that communication was a cycle, made of up 12 steps. It was suggested that this cycle helps us to more fully understand one another by a process of mutual engagement. The 12 steps were outlined as follows:

1. **You choose:** you freely choose to communicate with another person.
2. **They choose:** they freely choose to communicate with you.
3. **Be specific:** you have a particular thought that you want to communicate to the other person.
4. **Put it out:** express the thought to the other person, in a way that they can understand.
5. **Take it in:** the other person receives the statement that you have presented.
6. **Directed connection:** the other person is aware that the statement was directed at them.
7. **Do the work:** the other person interprets your statement.
8. **Acknowledgement:** the other person decides to make it clear that they have received your statement.
9. **Put out acknowledgement:** the other person expresses this acknowledgement to you.
10. **Take in acknowledgement:** you receive their acknowledgement.
11. **Acknowledgement is valid:** you judge that the other person has appropriately responded and has understood what you are communicating.
12. **New reality:** the communication cycle is now complete, which means the shared reality of both parties has been updated.

Michael Argyle

Argyle also believed that communication occurs in cycles, and modified the work of Berner's six-step cycle of communication. These are the steps involved:

1. An individual makes a decision to communicate a thought.
2. This thought is 'encoded' – meaning it is considered properly.
3. This thought is communicated or 'sent' to the other person.
4. The communication is received by the other person.
5. The communication is 'decoded' – the meaning of the communication is processed.
6. The communication is understood by the other person, which is demonstrated by a response to the communication.

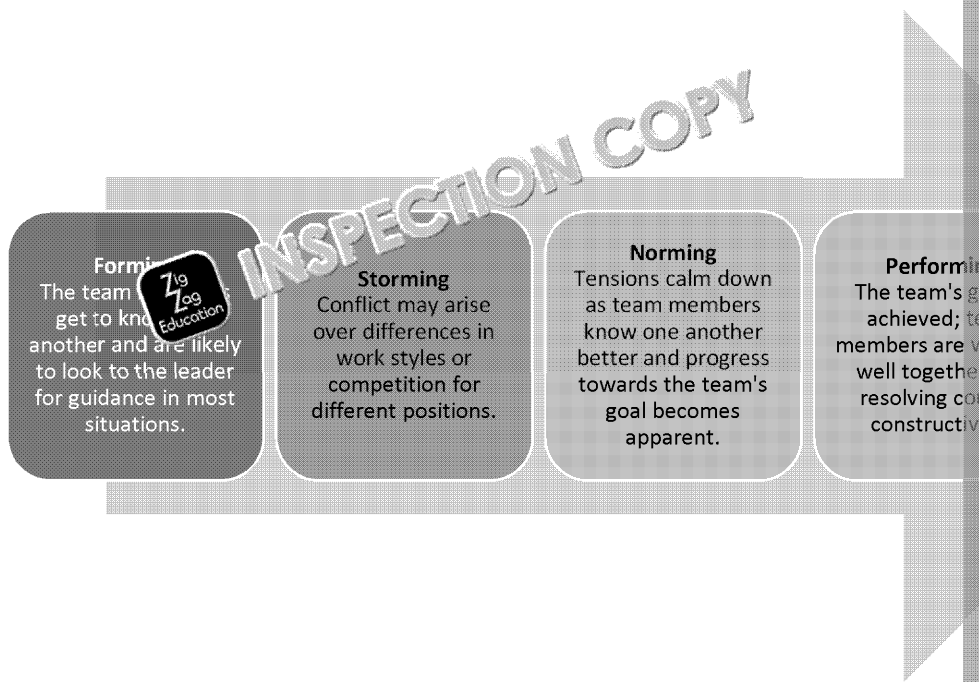
Argyle believed that individuals are able to build their skills in communication, and that this involves adapting your behaviour to be appropriate for the situation. Argyle also discussed non-verbal communication, e.g. the role of eye contact in promoting good communication.

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Bruce Tuckman

Tuckman was a psychologist who devised a theory about how groups learn to communicate with one another. The diagram below contains key details about the key stages in



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A service which provides support to individuals with learning disabilities living in the community has recently been taken over by a new organisation. This means that the new version of the service has a mix of old staff and new staff who have recently been recruited. The new manager is called Kathryn, and she is currently trying to encourage the team to best meet the needs of service users.



Read the case study about Kathryn and her new team. Using Tuckman's theory of group communication, write a short summary of each different stage the team is likely to go through.



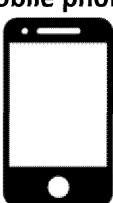
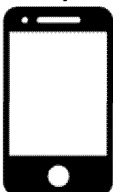
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New technologies and communication techniques

With the development of newer and more advanced technologies, there are many ways in which tasks can be made easier for some people with additional care or support needs. Some of these are listed below.

Technology	How/who it can help
Voice-activated software 	This is a way of using computers via the input of verbal commands, clicks, typing on a keyboard or using a mouse. It may be used by people with additional care or support needs including people who have difficulty with motor skills, learning difficulties and/or disabilities, and some people with hearing impairments.
Hearing aids and audio induction loops 	Hearing aids are small devices which sit in the ear and are used by people with hearing impairment, e.g. due to illness or age. Audio induction loops send out wireless signals from a source (e.g. intercoms, help points) which can be detected by hearing aids, making the sound clearer (e.g. by reducing background noise).
Braille devices 	These display Braille characters on a 'screen' so that people with visual impairment (e.g. via raised pins) who would not be able to use a computer. Braille keyboards have also been developed.
Mobile phones 	Mobile phones and applications (apps) can be used to support people with additional care or support needs. They can be used to quickly record or send information by text or email. There are many apps available which provide individuals with additional care or support needs with a way of recording their symptoms (e.g. anxiety, depression) or sending a message to bring to an appointment with a healthcare professional. They can also be used for a discussion about progress. This could be particularly helpful for people with additional care or support needs about communicating their experiences or who struggle with writing.

Look up recent developments in the way that technology is being used to support people with additional care or support needs. Write a short paragraph about one piece of technology you think is particularly interesting.

C2 and C3 End-of-section questions

1. Define what 'personalisation' means in the health and social care sector.
2. Explain why it is important to promote choice and control.
3. Identify **four** examples of body language.
4. Describe how Makaton can be used to support someone with communication difficulties.
5. Outline the **six** steps of Argyle's communication cycle.
6. Read the case study below, then answer the questions beneath it.

Ethan is four, and has been hearing impaired since birth. He lives with his family who have worked hard to ensure that he gets the best start in life despite his hearing impairment. He is starting to go to a mainstream primary school and want him to have all the support he needs.

- a) Describe **one** type of alternative communication that could be used to support Ethan.
- b) Explain how a 'learning plan' could be used to support Ethan.
- c) Assess the effectiveness of the *humanistic* and *behavioural* approaches that school staff could use with Ethan and his family.

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Chapter D: Investigating the roles of professional work together to provide the care and support to meet individual needs

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D1: How agencies work together to meet care and support needs

This section will provide a brief overview of the roles of key organisations, bodies, committees and assessment frameworks in meeting the care and support needs of individuals. This section will also highlight the importance of different services (e.g. health, social care and education) working effectively and in partnership.

Role of organisations responsible for commissioning healthcare services

In care, 'commissioning' means the procedures involved in assessing the care needs of a group of people (e.g. those who live in the local area), planning service delivery to meet these needs, and monitoring the progress of these services towards key outcomes. Different organisations will be responsible for this process regarding health services, depending on the location and type of services concerned.

Clinical Commissioning Groups – England

Formation

As briefly mentioned in Section B2, Clinical Commissioning Groups (CCGs) were created as a result of the Health and Social Care Act 2012, and they replaced Primary Care Trusts.

Organisation and members

A key role of CCGs is to plan the services which are delivered in a given area; they are led by clinicians such as **general practitioners** (GPs) and **practice nurses**. This means that CCGs can decide on the services which are most beneficial for the needs of their local area.

CCGs are accountable to NHS England, and have responsibility for approximately 10% of the budget for NHS England (which was £79.9 billion in 2019/2020⁵). Services which are commissioned include:

- Community health services
- Most hospital care
- Mental health services
- Learning disability services
- Emergency and urgent care
- Rehabilitative care

Commissioning
needs of a group of people to meet their needs.

General Practitioner
doctor (GP) who provides primary care services.

Practice Nurse
in general practice.

Rehabilitative care
increases the ability of someone to live independently.

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⁵ <https://www.nhs.uk/ccgs/>

Local Health Boards – Wales

Formation

The Welsh Assembly Government published the ‘One Wales’ strategy, which changed the NHS in Wales in 2009. The strategy was implemented with the intention of being able to carry out more effective partnership working. One key change as a result was the introduction of seven ‘Local Health Boards’, each covering a different area of Wales. These seven boards replaced the previous system, which was made up of 22 different NHS Trusts.

Organisation roles and membership

Local Health Boards work in a similar way to CCGs in England, as they plan and deliver the health services which are required for the needs of the people living in their local area. Local Health Boards may place emphasis on the provision of care closer to an individual’s home (rather than in hospital) where possible, and meeting the challenges of an ageing population.



Members of the Local Health Boards include people with a range of professional backgrounds, including health professionals (e.g. GPs, nurses, dentists), legal professionals and financial professionals.

Health and Social Care Board – Northern Ireland

Formation

This was created as a result of the Health and Social Care (Reform) Act (Northern Ireland) 2012, which reorganised the way in which health and social care services were delivered in Northern Ireland. It established the Health and Social Care Board and five Health and Social Care Trusts, a system which consisted of health boards, community and social services trusts, and

Organisation roles and membership

The Health and Social Care Board is responsible for planning the delivery of health and social care services. It must be satisfied that services are effective and represent value for money for Northern Ireland. The Board monitors the performance of service providers, and manages the budget received for services from the Executive (approximately £4.5 billion⁶ in 2018).

Members of the Health and Social Care Board include health professionals (e.g. GPs, nurses, dentists), researchers and financial professionals.

Role of organisations responsible for commissioning social care services

Commissioning also takes place to ensure that social care services are meeting the needs of the community and are provided in a safe and effective way. Note that in Northern Ireland, the Health and Social Care Board (described above) has responsibility for commissioning social care services as well as health services.

Local authorities

When there is a care need identified in the local community, the local authority may commission services from several different organisations (e.g. charity and voluntary organisations) which then make a decision about which service they feel is best placed to meet the identified need. The local authority will be provided with information about the service and will be provided with the opportunity to deliver this service. The service may be commissioned for a period of up to two years, after which time the commissioning process may begin again.

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⁶ Health and Social Care Board Annual Report and Accounts, for year ending 31st March 2018

Role of organisations responsible for integrating health and social care

The integration of health and social care services can ultimately help to make sure that each individual in a coordinated, joined-up way. This is especially important for individuals with complex care and support needs that may require input from many different services and organisations.

Health and Wellbeing Boards (HWBs)

These were created under the Health and Social Care Act 2012. HWBs are committed to improving the health and social care system. Each must include:

- The local authority councillor, elected mayor or executive leader
- The director of adult social services
- The director of children's services
- The director of public health
- A representative from the local **Healthwatch**
- A representative from the relevant CCGs

Healthwatch is a national organisation that represents the views of the local population. Each local area has its own Healthwatch.

Committee members come together to establish ways of working together effectively in order to improve the delivery of services to the local population, or to reduce health inequalities in the local area. HWBs encourage partnership working between the relevant agencies, including the local authority, the NHS and public health bodies. HWBs have a statutory duty (meaning a legal obligation) to undertake an assessment of the local population's needs and to develop a joint health and wellbeing strategy to meet these needs.

Look up the local Healthwatch website and browse their reports. Pick one to read, and write a short summary of their findings.

The role of assessment and eligibility frameworks

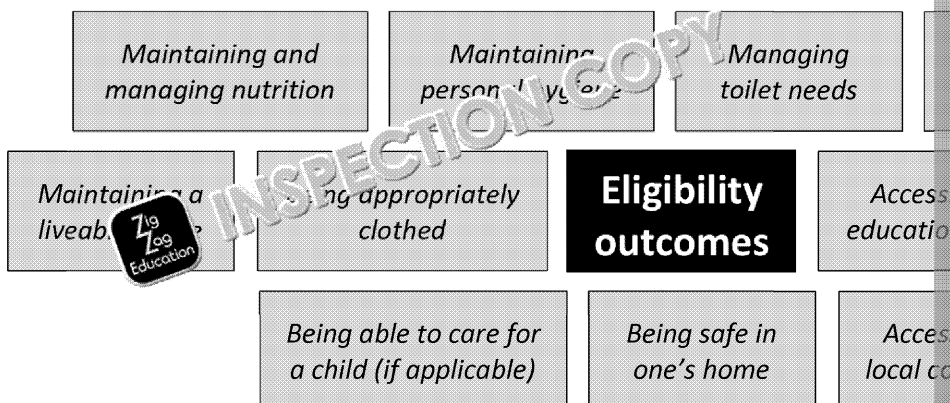
Assessment and eligibility frameworks are a way of ensuring that approaches taken to assess and the delivery of services to meet these needs, are consistent across individuals. The frameworks will depend on the service user group that an individual belongs to.

Common Assessment Framework (CAF)

The CAF was outlined in Section C1. As a reminder, the CAF outlines how children and young people are identified and assessed by children's services. If you need to, recap the information in Section C1.

National Eligibility Criteria (Care Act 2014)

The Care Act 2014 sets out the legal obligations for local authorities to assess need for care and support for individuals living in the local community. In order to receive care and support from a local authority, an individual's care needs must meet the National Eligibility Criteria. These focus on the outcomes that an individual's needs affect whether they can attain relevant desired outcomes of the care and support. The Care Act 2014 contains details of the different outcomes which may be considered during an assessment.



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When the local authority is making a decision about whether to provide support, the following will be considered:

- Have the adult's needs arisen from a physical or mental impairment/illness?
- Do these needs result in the adult being unable to meet at least two of the eligibility outcomes?
- As a consequence, is the adult's wellbeing significantly impacted?

Local authorities are obligated to provide care which meets individuals' needs at this level. Note that the Care Act 2014 also outlines similar outcomes for carers who have support needs which arise as a result of caring for a disabled individual, and the subsequent impact on the carer's well-being.



Department of Health and Social Care

Key features of the Department of Health and Social Care were covered in Section B1, there in full, if you need to. As a brief reminder, this is a government department overseeing health policy and strategy.

National Framework for NHS Continuing Healthcare

This is an initiative which provides free social care to adults with long-term complex health needs from the NHS. It was covered in full in Section B2, under 'Decision Support Tool' – you can find more there if you need to.

Education, health and care (EHC) Plan

This is a legal document which is drawn up by the local authority to outline the support provided to meet the special educational needs of a child or young person who has special educational needs which mainstream educational services are unable to meet. An EHC plan may cover a child or young person with a learning difficulty, with cognition, communication, mental wellbeing, sensory needs and physical needs.



EHC plans will also outline how to meet that child or young person's health and social care needs. The intended outcomes of the plan should also be detailed, helping to clearly demonstrate how following the EHC plan can improve the life of the child or young person. Plans should be reviewed once per year as a minimum, either the child leaves education, or a judgement is made that the child no longer



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Hannah is five, and has recently been diagnosed with autism-spectrum disorder. She has difficulties communicating with others, and often appears withdrawn at school. She has also been finding sensory stimulation to be overwhelming in her classroom. Her teachers have been discussing the best way to help Hannah.



Read Hannah's story and outline how you could provide support.

D1 End-of-section questions

1. Identify **four** eligibility outcomes under the National Eligibility Criteria.
2. Describe the role of Health and Wellbeing Boards (HWBs) for integration.
3. Explain how an education, health and care plan could meet the care needs of a young person with learning disabilities and visual impairment.
4. Read the case study below. Then answer the questions beneath it.

Kamir is 21, and recently suffered a head injury during a car accident. This has resulted in a significant reduction in his ability to carry out the tasks of daily living. Due to post-traumatic stress disorder, it is difficult for him to remember to prepare nutritious meals for himself. He has also gained a considerable amount of weight. He has also been feeling extremely stressed due to a change in circumstances, and has been experiencing high levels of anxiety. This means that he is currently not washing himself or his clothes regularly.

- a) Describe how Kamir has met the National Eligibility Criteria under the Care Act 2014.
- b) Assess the benefits of providing coordinated, multi-agency support for Kamir.



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D2: Roles and responsibilities of key professionals in multidisciplinary teams

Each type of care professional is specially trained and skilled in the provision of a particular type of support. This means that some professionals are better suited to meeting the needs of individuals. It is critical that all relevant care professionals are identified and involved from the start of the care process.

Multidisciplinary teams – members and formal roles

A multidisciplinary team is a group of care professionals who work together to meet an individual's care and support needs. They may be employed by the same service (or come from different organisations), but each member has an individual specialism and associated role to fulfil with regard to improving an individual's health and wellbeing. For example, an individual with mental health needs may need support from a **psychiatrist**, a **community mental health nurse** and a **social worker** in order to improve their emotional wellbeing and live safely in their own home.

Multidisciplinary working can be extremely effective because each professional in the team can meet the needs of the individual that are relevant to their specialism. Providing that the team works well together – for example, they communicate and share information effectively – this can reduce the chances of gaps in the individual's care. Multidisciplinary working also provides an efficient way of providing care because there is less of a chance that work will be missed. Each member's role is clearly defined.

In each team working with an individual, there should be one professional nominated as the lead professional. This can help ensure that the team remains organised, which ultimately improves the quality of care.

Psychiatrist – a specialist in the management of mental health conditions.

Community mental health nurse – a nurse who supports people with mental health problems in their own home or in the community.

Social worker – a professional who protects groups of vulnerable adults and children.

Specific roles and responsibilities in a multidisciplinary team

Depending on the needs of the individual, there can be many different professionals working together to meet their needs. When an individual's needs change or increase, it's likely that the membership of the multidisciplinary team will also change in response.

Healthcare professionals

The work of healthcare professionals generally focuses on assessing, managing and treating the physical and/or mental health needs of individuals. The table on the next page contains descriptions of the roles of several key healthcare professionals.



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Professional	Key elements of role
General practitioner (GP)	A type of doctor who works in primary care. GPs deal with everyday refer individuals to specialised services when required. They may also consultations over the telephone or in a patient's own home.
Nurse	Nurses provide care to patients with a range of needs. They assess a patient's health, can administer medication and, in some cases, can surgical procedures (with specialist training). There are also different are specialised in caring for different patient groups.
Paediatrician	This is a type of doctor who is specialised in managing and treating paediatrician works to reduce the impact of illness on the child as far as may have further specialist training to manage particular needs (e.g. oncologist is specialised in cancer management).
Clinical psychologist	A type of professional who focuses on the assessment, management mental health problems. They plan programmes of talking therapies counselling or cognitive behavioural therapy. Note that clinical psychologists generally not trained to prescribe medication – this is usually the role of a doctor.

Look up the roles of the following types of nurse:

- District nurse
- Learning disability nurse
- Neonatal nurse

Create an infographic which illustrates each nurse's role, including the different care and they are likely to meet.

Social care professionals

Professionals working in social care generally act to protect vulnerable groups and/or help in and fulfilling lives. Social care professionals work with people from all different walks of life variety of settings, including individuals' own homes, supported accommodation, and other such as day care centres.

Social worker

Social workers work with vulnerable groups in society, to help them stay safe, to protect them from harm and to promote their rights and wellbeing. Social workers work with a range of groups, including:

- children, young people and families
- adults with mental health needs
- adults with learning disabilities
- adults with substance misuse needs
- vulnerable elderly people



The role of a social worker is varied and involves working with multiple individuals and/or families at any given time.

Social workers may coordinate the support given to an individual if many different agencies are involved in someone's care. They may make referrals to appropriate services to ensure the individual is receiving the right care and support for their needs, and may be involved in relevant legal procedures where needed. For example, some social workers may take on the role of a **mental health professional** and, therefore, will be involved in deciding whether an individual should be lawfully detained for compulsory assessment and/or treatment of their mental health. Note that legislation will be covered in detail in Section D4.

Approved Mental Health Professional

A mental health professional who is a social worker or nurse, and who is involved in deciding whether an individual should be lawfully detained for a mental health assessment.

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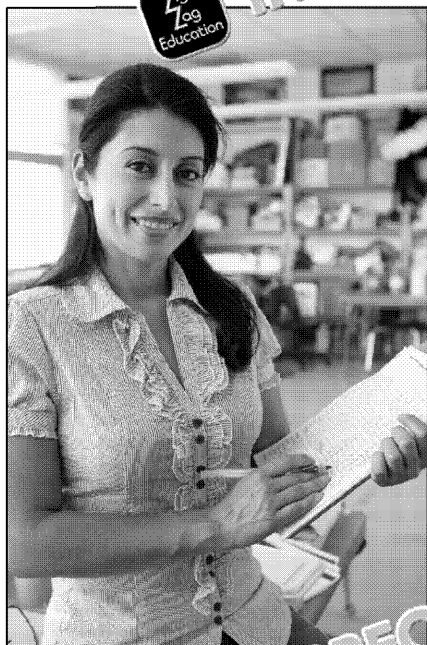


Occupational therapist

Occupational therapists help people who have difficulties carrying out the activities of daily living due to illness, injury or disability. Occupational therapists will help individuals by identifying the difficulties they are facing and coming up with ways to overcome these. This could involve adaptations made to someone’s home (e.g. grab rails in the bathroom), the provision of specialist equipment (e.g. walking frames to support mobility), or advising on alternative ways to carry out tasks.

Education professionals

Professionals working in education help individuals with learning needs to reach their full potential. They work together with other care professionals to support individuals who also have health needs. These can impact on an individual’s ability to engage in education.



Special educational needs coordinator (SENCO)

A SENCO is a teacher at the school who takes responsibility for children at the school with special educational needs and supported. The SENCO can work with other professionals to make the classroom environment more suitable for the needs of the children. The SENCO can also work with the parents to ensure that the child’s views are listened to and incorporated into the program.

Educational psychologist

Educational psychologists are specially trained people who have learning needs and/or emotional difficulties. They will carry out assessments of these needs and these, including the child’s behaviour, are discussed with parents, teachers and other professionals to ensure that the needs of the child are met.

Allied health professionals

The allied health professions are those that provide healthcare outside medicine and nursing. Sometimes allied health services can be accessed directly by self-referral, but sometimes another health professional will need to make a referral.

Speech and language therapist

One example of an allied health professional is a speech and language therapist (SLT). SLTs help people with communication, including people who have problems speaking or understanding language. SLTs can also help people who have difficulties swallowing. SLTs work with a range of individuals with care needs; for example:

- someone who is struggling to speak following a stroke
- someone with learning disabilities, delayed language development and/or autism
- someone with a stammer

Get into groups and pick a different profession from the list below:

- Art therapist
- Radiographer
- Chiropractor

Look up the profession and support it provides. Then, each person spends five minutes answering a question.

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Voluntary sector workers

The voluntary sector is also known as the third, charity or non-profit sector. This is delivered by non-governmental organisations which do not operate with the main aim of profit. For instance, professionals in this sector may be employed by a charity whose work focuses on a particular client group.

Macmillan nurses

Macmillan is a charity that specialises in supporting people with cancer. To become a Macmillan nurse, five years' experience as a nurse must first be acquired, and must include experience working in cancer or **palliative care**.

Macmillan nurses work in a range of settings, including hospitals and individuals' homes. There are different kinds of Macmillan nurse, including:

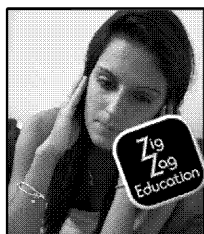
- Chemotherapy
- Breast cancer
- Paediatric
- Palliative care
- Lead nurses (with a management role)

Did you know?

The charity Macmillan Cancer Support was founded in 1911 in Somerset. Its leading event is the World's Biggest Coffee Morning, which has helped over 10 million people in the UK to host coffee mornings for charity. In 2018, the event raised over £100 million for the charity.

Family support workers

These professionals work with children, young people and their families to improve their day-to-day lives and family relationships. For instance, they may help people who are struggling to manage their lives effectively, perhaps due to conflict in the home, mental health difficulties or substance use. They are also likely to work closely with other care professionals, including social workers. They help to identify needs, identify current and potential future risks, and meet regularly with families to provide emotional support.



Marija is 19, and has several learning disabilities. She suffers from **epilepsy**, has difficulty with mobility and has severe social anxiety. Marija has always wanted to overcome these challenges so that she can achieve her dream of working with animals. However, around the time Marija turned 18, she also moved to a new local authority.

These changes meant that she needed a whole new multidisciplinary team to meet her complex needs. Unfortunately, Marija does not know any of her new professionals well and does not know who to speak to when she needs support.

Read Marija's case study. With a partner, discuss and make notes on the following questions:

- Which professionals do you think should be involved in Marija's care? Why?
- What steps should her multidisciplinary team take to improve Marija's care?



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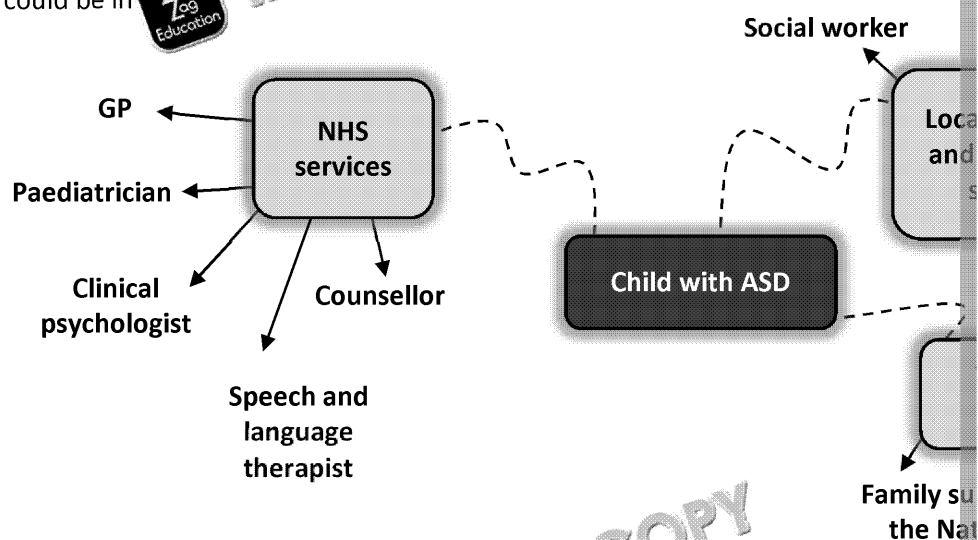
⁷ <https://coffee.macmillan.org.uk/about/what/>

How multi-agency and multidisciplinary teams provide co-ordinated support

The professionals who make up a multi-agency team work for a range of different agencies. Working together effectively and in a coordinated way is an essential part of meeting the care and support needs of individuals, especially if these needs are complex and/or long-term. An illustrative example is provided below.

Example

A child with autism spectrum disorder (ASD) is likely to receive coordinated support from a multidisciplinary team of professionals in order to achieve the most positive outcomes. Look at the diagram below to see how this could be in practice.



Think of another service or individual who is likely to have professionals from different agencies working together to provide care and support. Create a mind map similar to the one above that shows how these professionals could work together to provide care and support to that individual.

D2 End-of-section questions

- Outline **one** advantage and **one** disadvantage of taking a multidisciplinary approach to meeting an individual's care and support needs.
- Describe the role of a paediatrician.
- Read the case study below, then answer the question beneath it.

Andriy is 11 and has selective mutism. This means that he becomes very nervous when interacting with anyone other than his parents, siblings and a few very close friends. This results in Andriy being unable to speak and experiencing feelings of anxiety.

- Identify **two** professionals who could provide support to Andriy, and describe how they could meet his care needs.
- Justify why taking a multidisciplinary approach is important for Andriy's care.

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D3: Maintaining confidentiality

Maintaining confidentiality is a key aspect of a care professional's role. This section covers the key aspects of confidentiality, including exactly what is meant by 'confidentiality', how it is maintained and the legal framework surrounding confidentiality.

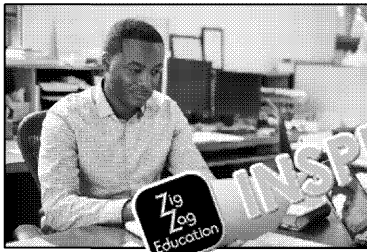
Definition of confidentiality

Confidentiality means keeping an individual's personal and/or sensitive information private and accessible only to those who are authorised to view it. This is an important part of maintaining an individual's dignity, especially with regard to an individual's personal circumstances and health needs. Maintaining confidentiality is also important for protecting individuals in many cases, particularly if an individual is likely to face stigma or bullying as a result of their care needs.

What does 'confidentiality' mean?
Have you ever been asked to discuss sensitive information with someone? How do you take notes on how that person feels about what the impact of the information would have been?

Working practices to maintain confidentiality

There are many ways of working that help to maintain service user confidentiality embedded as standard practice of a service and the professionals that work there consistently, the rights of service users are more likely to be upheld, and the public confidence and trust in the care professions.



Keeping yourself informed of the relevant laws

Care professionals have an obligation to be knowledgeable about confidentiality. This is usually covered in induction training for new staff, and training programmes should be updated to reflect changes in the law. Claiming that you were unaware of the law is not an acceptable explanation for a breach of confidentiality. Services should also have an opportunity to discuss any changes in the law.

Summaries of key legal obligations and explaining how these are met by the practice are covered later in this section.

Keeping information locked away or password-protected

In care, there is a lot of documentation to be completed as a day-to-day aspect of a care professional's role. A care professional is likely to record the care that they have given, or make notes as a witness to a service user's progress. This means that there is usually a large number of records which contain private information about individuals with care and support needs.

Here are some suggestions for safe record-keeping:

- Electronic records:
 - Keep your password and other information for logging in safe and secure.
 - Set a strong password and keep it secret.
 - If you think someone else has seen your password, change it immediately.
 - Do not leave the computer logged on.
- Paper records:
 - Store them in a safe place which you can lock up, e.g. in a filing cabinet, and do not leave the keys lying around.
 - Do not leave service user records out.
 - When disposing of them, shred paper records.

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Sharing information only with people who are entitled to access it

There is often a need to share information about service users in a health and social care setting. Information about service users is shared so that care is provided consistently and in a high-quality way. Sharing information should be on a need-to-know basis – there is no need to discuss one service user's care plan with another service user. You should not share information about a service user to your friends. You must be very careful that you share information in the right way and with the right people.

Other people in the multidisciplinary team

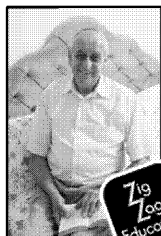
Effective information sharing is a key element of successful multidisciplinary team working. Within the multidisciplinary team, professionals can understand the needs of that person as they have a holistic assessment and understanding of an individual. If important information is passed on to the relevant professionals, they can do so in a way that does not meet service users' needs.

Note that sharing information about a service user with other professionals (outside the team) involves gaining consent to do so from that service user.

Service users and their carers or families

Service users have the right to request access to records held about them by service providers. This should be granted, unless there are exceptional circumstances (i.e. some information in the records is needed in order to safeguard the service user or another third party).

Carers and families do not automatically have the right to access a service user's records. In some situations, care professionals should make sure that the service user's consent is sought before sharing information with an individual's family members.



Gerry is 82, and has dementia. He lives in a residential care home as he is unable to live safely in his own home. One day, his son visits the care home and asks what services are provided there. The staff member answering the phone confirms that he does, and speaks to his son about Gerry's current state of health.

When Gerry's wife, Susan, next comes in to visit, she is angry and upset. This is because the couple have previously stated that their son is under no circumstances to be given information about Gerry as he has been very abusive to them both in the past.

Read Gerry's notes on the care home. Discuss it with your colleagues.

- What services are provided at the care home?
- What services are not provided at the care home?
- How can you prevent this from arising again?

Being professional about how information is shared

Behaving in a professional manner with regard to information sharing involves acting in a way that is fair and honest – for instance, professionals should be upfront with a family member if they do not have access to their family member's confidential information. Being professional also involves ensuring that information is accurate and up to date, to reduce the risks that errors occur in the way that care is delivered.

Because of the requirements that care workers act to safeguard service users, there are times when confidentiality is broken. This is because protecting someone from a serious risk is more important than confidentiality. Therefore, confidentiality can legally be broken when someone else is at risk of harm if the information were not shared.

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Codes of practice for care workers establishing importance of confidentiality

One relevant source of guidance on confidentiality are the Caldicott Principles, which following a review of information-sharing in the NHS. They were revised in 2013, and consist of seven principles:

- **Principle 1:** Justify the purpose(s) for using confidential information.
- **Principle 2:** Don't use personal confidential data unless it is absolutely necessary.
- **Principle 3:** Use the minimum necessary personal confidential data.
- **Principle 4:** Access to personal confidential data should be on a strict need-to-know basis.
- **Principle 5:** Everyone with access to personal confidential data should be aware of their duty to protect it.
- **Principle 6:** Compliance with the law.
- **Principle 7:** The duty to share information can be as important as the duty to protect it.

These principles should be reflected in care organisations' policies and procedures. For example, under Principle 3, care professionals should only seek to record information relevant to an individual's care. Any irrelevant information should not be recorded since it is not necessary.

The Health and Social Care Information Centre has also published a code of practice on confidentiality. This will be covered in more detail below.

Relevant aspects of legislation

There are several different laws relating to confidentiality that you should be aware of. These clearly set out the expected standards for information management and sharing.

Data Protection Act 2018

This law originally came into force in 1998, and was updated in 2018. This updated version of the law incorporated the new regulations from the European Union about data processing, the General Data Protection Regulation (GDPR).

It sets out how organisations can use individuals' data, and highlights additional rules for highly sensitive information (e.g. about an individual's health). The Act also includes six principles that *must* be followed at all times. These state that information must be:

- Used in a way that is fair, lawful and transparent
- Used only for specific and explicit purposes
- Used in an adequate and relevant way, limited only to what is absolutely necessary
- Kept up to date where needed and always accurate
- Held only for the duration of time which is necessary, and no longer
- Handled securely, with appropriate measures taken to protect against breaches

Health and Social Care Act 2012

The Health and Social Care Act 2012, which has been mentioned in previous sections, introduced the creation of Health and Social Care Trusts (HSCITs). This Act is also relevant to confidentiality in care. The Health and Social Care Information Centre (HSCIC) to publish a code of practice with regards to the sharing of information between health services and adult social care in England. The name of this code is the Health and Social Care Information Code. The role of this organisation is outlined on the next page.

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Role of NHS Digital (formerly the Health and Social Care Information Centre – HSCIC)

As previously mentioned, this organisation's name changed to NHS Digital in 2016 to provide information, data and information technology systems for those working in health and social care settings. By using technology effectively, the management of patient records can be intended to improve patient care.

The code of practice on handling confidential information provides guidelines on the ethical collection, analysis and dissemination of confidential information relevant to health services and social care in England, and builds upon the Caldicott guidelines. The code of practice clearly indicates actions that *must* be done (i.e. a legal obligation) with regard to information management, as well as actions that *should* be undertaken in most circumstances. Useful charts are also included in the code of practice, which can assist with decision-making regarding confidential information.

Visit NHS Digital to see how they use their data to improve services that interests you, and a report which summarises findings from that publication. It shows how this data is used in the world practice of health and social care professionals, and how it is shared to the rest of the world in small groups.

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D4: Managing information

Managing information is a day-to-day aspect of any care professional's role. Ensuring information is shared in a safe and ethical manner helps to protect individuals from unauthorised access to their information and to help them maintain their privacy and dignity.

Working practices for managing information

These set out how information should be managed in the day-to-day activities of your role. They address each of the elements outlined below.

Identifying what information is needed

The purpose of obtaining and storing information should be made explicitly clear. For example, the purpose of taking an individual's telephone number and address is to be able to contact them or send them information about their treatment (e.g. an appointment letter). Individuals should also be informed about the purpose of storing their information. This relates clearly to the aspect of the Data Protection Act which specifies that information must only be used for explicit and specific purposes.

Imagine that someone is going to have surgery to register for a new service, also having an appointment with a GP. What kind of information would they need about their surgery?

Make a list of the information that the nurse should have to play this interactive role.

Identifying what information is needed

This depends on the individual's care needs and the services that they are in receipt of. For example, the information required in order to effectively treat someone with asthma is very different from the information required to provide care to someone with dementia. When planning to assess an individual, it is important to identify what information is required, as missing out some key information can have serious consequences for that individual's wellbeing.

Searching for information

There are many sources of information that may be accessed about an individual depending on the circumstances. The individual themselves should always be the first point of contact, where possible – they are experts on their own situation and experiences. Sometimes (and depending on the individual's consent), family members, carers and friends may also be involved, particularly if they provide significant support to that individual.

Often, it is appropriate to seek information about an individual from other professionals involved in their care. One example of this is the CAF, outlined in detail in Section 1.2. It is important for different professionals involved in supporting a child to share information with one another to meet the need for the family to engage in multiple assessments. Wherever possible, express your willingness to share information between agencies.

Using information legally and ethically

Working practices for information use will require you to follow the legal and ethical guidelines. Failure to do so by an individual may result in disciplinary procedures taken against them, which could involve being suspended or dismissed from their duties. Failure to use information correctly by an organisation may result in an investigation being carried out about the organisation. In this situation, the organisation could result in the organisation being given strict instructions, fined, or even being closed down in severe situations.

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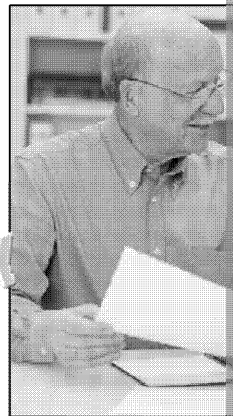
The importance of sharing information with colleagues, other professionals, the individual and their family

Effective information sharing between colleagues in a team is a key aspect of working in a residential service or on a ward need to transfer information across (‘handover’). This will help the new team on shift to be aware of any important information that has occurred, such as a change to an individual’s health or care needs. This makes it more likely that these needs can be met during the course of the next team’s shift. Accurate documentation and recording is one way in which colleagues can share information with one another. For example, doctors and nurses caring for an elderly person with medication needs must record the medication that they give. This helps ensure that the medication is given as prescribed, and reduces the risk of overdosing (e.g. if separate staff are administering the dose of the medicine).



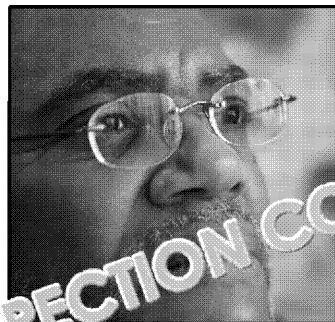
Sharing information with other professionals is also critical for providing effective care. It is often identified that certain needs cannot be met by the professionals currently involved in an individual’s care. This may lead to a referral being made to the more appropriate service. This necessarily involves the sharing of information and is done with service user consent (where applicable). For instance, the new service user must be given the information the individual concerned and contextual information about their care needs and circumstances.

Sharing information with the individual – and where consent is provided, their family – is also a key part of providing quality care. By informing people fully about their health and care needs and how these can be met, individuals are more likely to feel invested and empowered in their own care. This can also help to reduce feelings of anxiety or apprehension an individual might be feeling, as uncertainty is reduced if they are given the knowledge of what is going on and what their care needs are. Providing an individual and their family with information about the different options available to them also helps to promote their choice.



Gregory is 48, and visits his GP. He talks to his GP about his recent decline in his mental health, as his depression has worsened substantially following the loss of his job. He tells his GP that he has been thinking about ending his life frequently, but has no plans to act on it.

His partner John is also a patient at the surgery, and Gregory asks his GP not to tell John about his suicidal feelings. Gregory is also currently prescribed medication which his GP is worried that he could use to overdose.



Read Gregory’s case study and discuss the implications of the information sharing and the thoughts about the situation.

- What do you think the GP should do next?
- Do you think the GP should break confidentiality in this situation, by telling John about the situation? Why/why not?
- Should the GP prescribe medication? Why/why not?

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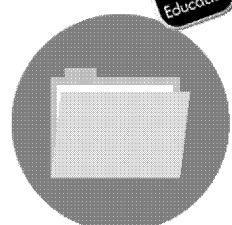


Impact of new technologies on managing information

The HSCIC was renamed 'NHS Digital' partially to reflect the increasing role that technology plays in information management. Using technology to manage and share information has many advantages over using solely paper-based methods; for instance:

- Reduced risk of errors (e.g. due to illegible handwriting)
- Information can be shared more efficiently (e.g. instantly via email, rather than via post)
- More detailed information can be stored without taking up large amounts of physical space
- More environmentally friendly, due to the reduced need for physical resources (e.g. paper)

Summary Care Record is an electronic record of important information about a patient's health.



One significant use of technology to manage information was the introduction of Summary Care Records. A **Summary Care Record** is an electronic record of a patient's information, based on that individual's GP records. The record contains information about an individual's medication, allergies or medical conditions. The following key details:

- Name
- Address
- Date of birth
- NHS number

Patients also have the option to include additional information in their Summary Care Record, such as any communication needs or notable elements of their medical history. Summary Care Records allow health professionals involved in an individual's care to easily access important information.

It is important to remember that the use of technology also brings a unique set of challenges. While it always remains a risk that confidentiality breaches can occur, e.g. by sending information via email or failing to follow electronic security procedures such as password-protection, or a system failure, the system.

Look up different mental health applications (apps) that can be used to provide support to people with mental health problems.

What do you think the ethical issues are with regard to the storage of information? How do you think that these apps could be made more secure? Make notes on your thoughts and ideas.

Did you know?
Between 2015 and 2016, approximately 150,000 patients had not consented to their information being used for research and audit purposes.⁸

Bodies that control the management of information

Bringing together information to a central resource can be extremely helpful with assessing care services. Examining this data can help identify areas where performance is being provided to a particularly high standard.

National Adult Social Care Intelligence Service (NASCIS)

The NASCIS brings together data about social care provision in England, which can be used for researching and planning services and care policy. For instance, there is information on social care, figures on the abuse of vulnerable adults, and findings from the Adult Social Care Framework (ASCOF), which was covered in Section C1. The resource also includes a performance dashboard which can be used by services to check their own performance against the data held.

⁸ <http://www.nationalhealthexecutive.com/Health-Care-News/major-nhs-breach-means-150000-patients-had-not-consented-to-research-and-audit-purposes>

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Relevant legislation and codes of practice

The boxes below summarise the key pieces of legislation which relate to the management of information in care settings.

Data protection legislation

- The Data Protection Act 2018 is the most important piece of legislation.
- It sets out how organisations must use individuals' data, and it provides additional legal protection for highly sensitive information.
- Covers all UK countries.
- This also covers the new regulations from the European Union about data processing – the General Data Protection Regulation (GDPR).

Freedom of Information Act

- The Freedom of Information Act 2000 allows members of the public to request information held by public bodies, including the government.
- Under this Act, public bodies are required to publish certain information.
- Covers all UK countries.
- The Freedom of Information Act 2002, which relates to Scottish public bodies.

Mental health legislation

- The Mental Health Act 2007 outlines the legal basis for compulsory detention, assessment and treatment (also known as 'being sectioned').
- An individual can only be detained if they are suffering a mental disorder which poses a risk to their safety or the safety of some other person.
- Covers England and Wales.
- *Scotland is covered by the Mental Health (Scotland) Act 2003 and the Mental Health (Care and Treatment) (Scotland) Act 2003.*
- *Northern Ireland is covered by the Mental Health (Northern Ireland) Order 1986.*

Mental Capacity Act

- The Mental Capacity Act 2005 allows individuals who lack capacity to make decisions to be supported to make those decisions.
- For instance, doctors should not perform operations on people should not perform operations on people if it is not in their best interests. Steps should be taken to ensure that the person makes their own decision as far as possible.
- Covers England and Wales.
- *Scotland is covered by the Adults with Incapacity (Scotland) Act 2000.*
- *Northern Ireland is covered by the Mental Capacity Act (Northern Ireland) 2005.*

Care Quality Commission (CQC) codes of practice

- The CQC is part of the Department of Health and Social Care.
- Its primary role is to regulate and inspect health and social care services to check that their services are safe and effective.
- Covers England.
- The CQC also provides codes of practice which give guidance to the expected standards of work for care professionals.
- For example, they have published a Mental Health Act code of practice and one for Confidentiality and Personal Information.

The Health and Care Professions Council (HCPC) codes of practice

- The HCPC regulates health and care professionals, including occupational therapists and social workers.
- They maintain standards and undertake disciplinary action if poor performance is identified.
- They also set standards for performance for health and care professionals, which include effective communication with service users and their families.
- Covers all countries.

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D3 and D4 End-of-section questions

1. Outline the **seven** Caldicott Principles which relate to confidentiality.
2. Describe **one** benefit of sharing information about an individual's care.
3. Outline the key features of the Freedom of Information Act 2000.
4. Read the case study below, then answer the questions beneath it.

Beatriz is 43, and has recently been diagnosed with breast cancer. She has a consultant oncologist (cancer specialist) next week to discuss her options. She has also referred to a counsellor to help her cope with the emotional

- a) Identify **three** steps that care professionals could take to ensure that information about Beatriz remain secure.
- b) Evaluate the potential impact of the Data Protection Act on the professionals involved in Beatriz's care.



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Answers to End-of-section questions

Section A1

1. **Students should define each term as follows from the content provided, but accept:**
 - **Equality** in care means that everyone receives an equal standard of care, delivered to individual needs.
 - **Diversity** in care means respecting and valuing the differences between people.
 - **Discrimination** means treating someone differently on the basis of one or more characteristics.
2. **Students could list the difference between the two terms as follows:**
 - **Direct discrimination** means treating someone unfavourably because of who they are.
 - **Indirect discrimination** occurs when a certain person or group of people is disadvantaged by a policy or practice that is applied equally to everyone.
3. a) Sarah could be experiencing victimisation. This is because it appears she is being treated differently because of a concern about discrimination.
b) **Students could suggest two from the following (accept suitable alternatives):**
 - Not providing documents in Braille versions
 - Poor lighting in the building
 - Poor signage (e.g. with tiny, faded font)
 - Not allowing guide dogs
 - Direct discrimination in the form of offensive comments/remarks which re
c) **Students' answers could contain suggestions and assessment of the following alternatives):**
 - **Use of advocacy services** – all service users could be informed about their rights and what advocacy services involve.
 - Advocacy services could help service users going through any kind of complaint or dispute with the service, which could help promote anti-discriminatory practice.
 - Staff at the service should ensure that any advocacy services recommended are provided by a qualified person.
 - **Training and education programmes** – staff at the service could undergo training and education surrounding equality, diversity and discrimination.
 - This could help staff to more accurately identify areas of their work that could be improved and educate them on ways to reduce this risk or tackle discrimination.
 - However, service managers should ensure that training programmes are of a high quality.
 - **Adaptation of service provision** – the building could be assessed to ensure it is accessible for people with visual impairment, and/or Braille versions of materials could be provided.
 - This could take a long time to achieve (e.g. modifying signage and lighting) but would help service users with visual impairment to feel more included, safe and respected.

Section A2

1. **Students should identify the following:**
 - Care
 - Compassion
 - Competence
 - Communication
 - Creativity
 - Confidentiality
2. a) Being flexible means being adaptable and creative in the way you work to meet the needs of service users. It means being prepared to adopt new methods or change your work plan in order to better support service users.

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- b) **Students could identify two of the following (accept suitable alternatives):**
- Empathy
 - Patience
 - Ability to engender trust
 - Sense of humour
 - Negotiating skills
 - Honesty
 - Problem-solving skills
3. The tone of someone's voice means the emotion and mood conveyed by the way the needs of the situation. Using an appropriate tone of voice can help to diffuse conflict, build strong trust or encourage.
4. a) On Joyce's condition could help to identify any additional care or support that she needs as her condition progresses, so that these could be offered at the earliest opportunity. For example, if Joyce experiences muscle stiffness in new areas of her body, an occupational therapist might also provide relevant aids and adaptations that could help Joyce carry out the tasks. For a progressive disease, frequent observation by a domiciliary care worker (e.g. the help to monitor any additional symptoms that emerge over time, and could provide support to the doctor in case of any concerns).
- b) **Students' answers could contain suggestions and assessment of the following alternatives):**
- One relevant people skill could be the demonstration and use of patience and plenty of time to express concerns and ask questions.
 - This could allow Joyce to feel in charge of her own care and give her confidence that the support is being suggested, and how it could help.
 - Another relevant people skill could be the use of empathy to demonstrate understanding of her perspective.
 - This could help Joyce to feel listened to and understood by healthcare professionals, and to feel respected and treated as an individual. It could also help her to feel that staff understand her condition, which may help Joyce to trust their recommendations.
 - Staff could use effective communication skills, such as active listening. For example, they could ask Joyce appropriate follow-up questions to ensure that the support she would view as acceptable, and to better understand the needs of the individual.
 - Staff should also make sure they remain calm during the interaction, even if the interaction is an upsetting interaction.
 - This can reduce the risk that conflict in the interaction will further increase.
 - However, staff should make sure their tone does not accidentally come across as dismissive. It is important that Joyce feels listened to and respected.

Section A3

1. If an infant's caregiver responds sensitively and appropriately to a child's needs (e.g. responding to distress, feeding them when they are hungry), the infant is more likely to build a secure attachment. Children who are more likely to trust that others are able to meet their needs, which means they are more likely to build trusting relationships with others as they grow up. Children with a secure attachment are more likely to have a 'safe base' to explore and interact with the world, which helps them to build autonomy. Children who are more likely to have emotional problems than insecurely attached children, which means they are more likely to have emotional problems. As securely attached children are more likely to explore the world and try new things, they are more likely to have resilience as they will learn from their experiences when things don't go well.
2. An initiative launched by the Carer's Trust which sets out guidance for how relationships between carers and service providers can support the wellbeing and recovery of the service users. This initiative provides advice on the inclusion of carers in service provision.
3. Vischer developed the term 'Einfühlung', which translates into 'feeling in/into'. Empathy is the ability to put your sense of self to an object; being able to imagine how an object might feel leads to understanding what it has feelings.

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4. a) Securely attached. This can be inferred because she appears confident and happy, which suggests her caregivers function as a secure base from which Rosie can explore.
- b) Rosie's primary caregiver has been sensitive and responsive to Rosie's needs.
- c) As Rosie grows up, she will use her caregiver as a secure base to continue explore which will help her to be more autonomous. Learning through trial and error will help her to learn that she will learn to cope when things do not go well.

Section B1

1. Consequentialism states that the consequences of an action determine whether the action is right or wrong in themselves, regardless of the consequences.
2. a) **Students could suggest three from the following (accept suitable alternatives)**
- Change to colour in face (e.g. very red or pale)
 - Clenched jaw/fist
 - Pacing
 - Trembling
 - Raised voice
 - Intrusion into personal space
 - Excessive or absent eye contact
- b) **Students' answers could contain suggestions and justification of the following strategies**
- Care staff should take the time to establish the underlying cause of the conflict. If a service user is upset, angry or unhappy.
 - This can help staff understand why the conflict has occurred, which can help find appropriate solutions to the problem are found.
 - Staff should practise active listening techniques such as asking appropriate questions, reflecting back what service users are saying.
 - Using active listening allows the speaker that the listener is paying attention and understanding what they are saying fully, which could help service users feel heard and understood more easily.
 - Staff should also direct service users to the formal complaints procedure of the organisation. This helps to ensure that a service user's concerns are followed up and resolved if necessary.
 - Staff should ensure that their behaviour always demonstrates respect, politeness to service users, even during times of conflict.
 - This is a key aspect of maintaining professionalism, and will reduce the risk of a conflict escalating further as a result of staff behaviour.
 - Staff should also ensure they remain aware of potential safety concerns during a conflict and be possible to calmly resolve the dispute at that time. Depending on the context, a conflict could be a risk of violence towards a staff member.
 - If any signs of potential violence are observed (see list above for Q2a), staff should move to a safe situation or at least position themselves close to an exit.
3. A conflict of interest occurs when two or more people (or groups) have differing needs or interests.
4. a) Ronald could gain more independence by going out without support, which could boost his self-esteem in his abilities to make choices for himself. However, he could pose a risk to himself if he goes alone and suffers a deterioration in his mental health without support.
- b) As Ronald has disclosed personal information about himself in the past when untruthful, he may not fit in well. He may have details about his history. This could affect the way others treat him and may not respect his privacy while in the community.

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Section B2

1. NICE provides advice on improving the health of the nation and the way that care is provided. NICE uses the research and evidence available. NICE produces guidelines on the best practice for a range of different conditions.
2. This law protects people who are unable to make decisions for themselves (e.g. due to mental health issues). It includes assuming that an individual has mental capacity unless proven otherwise, and acting in someone's best interests when they are unable to make these decisions for themselves.
3.
 - a) Emilio should carry out a risk assessment to check what the hazards are in the workplace. Hazards (harm to people, service users and employees) could be. Emilio should then use the assessment to identify and prevent these hazards from occurring.
 - b) A risk assessment can outline the best ways to keep people safe, but individuals' views should be taken into account when their care is carried out. A service user with capacity may choose to engage in a riskier activity (e.g. wanting to be more independent) or have additional needs that would require a further assessment.
 - c) **Students' answers could contain suggestions and justifications regarding one or more of the following (accept suitable alternatives):**
 - **Decision Support Tool** – this could be used as a way of deciding whether a service user is eligible for NHS continuing healthcare.
 - This could help to manage ethical issues because it would ensure that decisions are made that result in needs relating to the 12 domains (e.g. breathing, nutrition, etc.) that they are entitled to for free.
 - **Five-step Framework** – this could be used as a way of deciding on the most appropriate care to be applied across a broad range of situations.
 - The Five-step Framework could help Emilio and other care staff to work together when carrying out a particular decision, considering the potential impact on the service user and users as a whole.
 - **Use of care pathway and care plans** – staff at the home could access guidance from NICE on the most effective way to manage a particular care need. This ensures that individual service users' care plans are likely to be in line with best practice, thus reducing the risk that their care needs deteriorate or that they experience poor outcomes (e.g. pain, lower quality of life).

Section C1

1. Service users may not be aware of the care and support that is available to them, or they may not be provided with the necessary knowledge that can help them manage the symptoms or worsening of their condition.
2. **Students could suggest three from the following (accept suitable alternatives):**
 - Observation
 - Focus groups
 - Talking to individuals informally
 - Questionnaires
3. Educational materials can summarise key information about health and support services. If they are also available in alternative formats for those with specialist communication needs, they can also be motivational and provide advice on overcoming challenges.
4. The NHS Patient Experience Framework was developed with the aim of specifying the standards for NHS services. Applying this framework can help to minimise challenges and improve the patient experience, such a way as to maximise the likelihood of a positive experience. There are eight elements of the framework, which include respecting the values, preferences and needs of patients and the inclusion of family and friends.

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5. a) Communication
- b) **Students' should explain what the CAF is and how it could help Ben; for example:**
- The CAF outlines how children with additional needs should be identified and supported.
 - Using the CAF, children's services can outline the ways that each child's needs will be monitored.
 - The CAF could identify the problems Ben is having with communication and how this is impacting his development.

Students should also evaluate the CAF. For example (accept suitable alternatives):

- Early identification of problems that Ben is facing can lead to early intervention and positive impact on Ben's development.
- However, the CAF should not be used if Ben is found to have more severe needs where a more intensive intervention may be required.



Sections C2 and C3

1. Personalisation means that care is tailored to the unique needs, circumstances and preferences of the individual.
2. If choice and control are not promoted, this can lead service users to feel as though they are not in control of their lives and that the care provided is not right for their needs. This can lead to a lack of engagement which means that the person's care and support needs might not be met.
3. **Students could suggest four from the following (accept suitable alternatives):**
 - Gestures
 - Facial expressions
 - Touch
 - Body posture
 - Eye contact
4. This is a communication system that uses signs and symbols, used by some people with a hearing or speech impairment. The signs and symbols are used alongside speech and Makaton cards. The signs and symbols are personalised to the needs of the individual.
5. **Students should outline the following six steps:**
 - 1) An individual makes a decision to communicate a thought.
 - 2) This thought is 'encoded' – meaning it is considered properly.
 - 3) This thought is communicated or 'sent' to the other person.
 - 4) The communication is received by the other person.
 - 5) The communication is 'decoded' – the meaning of the communication is processed.
 - 6) The communication is understood by the other person, which is demonstrated by the person who sent the communication.
6. a) **Students could describe one from the following alternative communication methods. For example (accept suitable alternatives):**
 - **British Sign Language** – this involves gestures, hand shapes, facial expressions and has its own grammar system. Ethan could learn this to interact with other members of the community, and interpreters/translators could be used to help him later in life (e.g. in a job).
 - **Communication boards or picture systems** – these use representations of words, objects or an idea or a request. These could be used in the classroom to help Ethan communicate with his peers or the teacher.
- b) A learning plan could outline the areas of difficulty that Ethan might face as he has a hearing impairment. As a result of difficulty, strategies could be put in place to ensure that Ethan is able to communicate (e.g. use of alternative communication methods). A learning plan will also identify the professional support that might be required by Ethan.

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- c) **Students' answers should provide a short outline of each approach to communication relating to it; for example (accept suitable alternatives):**
- **Humanistic approach** – this emphasises the role of free will, empathy and positive regard.
 - This could help to show Ethan and his family that they are respected that their views and perspectives are taken into account.
 - However, staff may find it hard to maintain unconditional positive regard if their views differ substantially from those of the family)
 - **Behavioural approach** – this involves the use of the principles of reward and punishment, more or less likely, respectively. In Ethan's case, this could involve the use of positive reinforcement. However, the use of punishment in services (including schools) is likely to be controversial. The behavioural approach to communication also does not examine the internal world of the individual (e.g. their inner thoughts and unconscious experiences).

Section D1

1. **Students could suggest four from the following:**
 - Maintaining and managing nutrition
 - Maintaining personal hygiene
 - Managing toilet needs
 - Being appropriately clothed
 - Maintaining a liveable home
 - Being safe in one's home
 - Accessing the local community
 - Accessing and engaging in work, education, training and volunteering
 - Developing and maintaining relationships
 - Being able to care for a child (if applicable)
2. HWBs are committees made up of leaders in the local community. These committees undertake an assessment of the local population's needs. They must also establish a plan for meeting these needs.
3. An EHC plan would outline the specific educational needs that child has, such as difficulties with communication as a result of a learning disability. EHC plans also outline health and social care needs. These would include the provision of specialist services for children with visual impairments.
4. a) As a result of a physical impairment (i.e. his head injury), Kamir has met at least one of the following needs: maintaining and managing nutrition; managing and maintaining personal hygiene; being appropriately clothed. These needs are also impacting on his mental and physical wellbeing (e.g. becoming malnourished due to poor hygiene).
- b) **Students should first explain the benefits of providing coordinated, multi-agency support to Kamir.**
 - Providing coordinated, multi-agency support to Kamir would make it more likely that his needs will be met. Support could be planned from specialist professionals in different areas: a mental health professional (to support emotional wellbeing) and an occupational therapist (to help Kamir live more safely at home).

Students should then assess these benefits, by explaining the potential difficulties in the process; for example:

- If different professionals do not communicate well with one another, then the support that is provided to Kamir may not result in his mental and physical health deteriorating or his needs not increasing.

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Section D2

1. **Students should first identify any one advantage of multidisciplinary working;** for example:
 - An individual's holistic needs are more likely to be met.
 - The team brings together a range of expert opinions, skills and knowledge.
 - Individuals have a range of professionals they can contact for advice and support.
 - Professionals can contact the most relevant person in the team on advice on a particular issue.
 - By nominating a professional to coordinate the care, the care is more likely to be delivered in an efficient way.

Students should then identify any one disadvantage of multidisciplinary working; for example:

- Work may be duplicated by different professionals, which reduces efficiency.
 - If communication is poor, critical information about the individual may not be shared.
 - An individual may have to go through the assessment process multiple times, which can be time-consuming and burdensome.
 - If there is tension or conflict between members of the team, this can reduce the effectiveness of the team.
2. This is a type of doctor who specialises in managing and treating childhood illness. A paediatrician aims to reduce the impact of illness on the child as far as possible, and may have further specialist training.
 3. a) **Students could identify and describe any two of the following professions:**
 - **SENCO:** to assess Andriy's learning and emotional needs; to work with teachers to identify any adjustments that could be made to the classroom; working in partnership with Andriy's family to support his care.
 - **Educational psychologist:** to help Andriy address his underlying anxiety with the provision of talking therapies.
 - **Speech and language therapist:** to explore the communication needs of Andriy and provide an individualised approach to overcoming his fear of speaking in small steps.
 - **General practitioner:** may be accessed as a first point of contact, who could refer Andriy to other professionals and services.
 - **Family support worker:** may become involved if Andriy's anxiety results in him not attending school, as they can provide practical and emotional support to the family. *Accept suitable alternatives.*b) **Students' answers could contain reference to the following points (accept suitable alternatives):**
 - As selective mutism is a complex condition which can impact many areas of a child's life, a multidisciplinary approach with multiple professionals helps to ensure that all the relevant specialist knowledge is shared.
 - A multidisciplinary approach makes it less likely that one or more of an individual's needs will be overlooked.
 - Different members of the team can monitor Andriy's progress regarding his communication skills, his successes and challenges faced as a result of different strategies in place to support him.

Sections D3 and D4

1. **Students should outline the following seven principles:**
 - Principle 1: Justify the purpose(s) for using confidential information.
 - Principle 2: Don't use personal confidential data unless it is absolutely necessary.
 - Principle 3: Use the minimum necessary personal confidential data.
 - Principle 4: Access to personal confidential data should be based on a strict need-to-know basis.
 - Principle 5: Everyone with access to personal confidential data should be aware of the purpose for which it is used.
 - Principle 6: Comply with the law.
 - Principle 7: The duty to protect confidential information can be as important as the duty to provide information.
2. **Students should identify one benefit from the following (accept suitable alternatives):**
 - Family members may feel more empowered by being more involved in the individual's care.
 - Family members may be better equipped to care and support the individual as a result of being more involved.
 - Providing information to family members about different care options available can help them to support the individual in making an informed choice.

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3. The Freedom of Information Act 2000 allows members of the public to request information from the NHS and local government. Under the Act, public bodies are also legally obliged to provide such as information about their finances.
4. a) **Students could identify three strategies from the following (accept suitable alternatives):**
- Ensuring that they use a secure password on any electronic systems that they use.
 - Ensuring that their screen is locked when they are away from their desk.
 - Using Beatriz's initials in her electronic records to reduce the chance she could be identified.
 - Only recording the minimum information necessary to provide Beatriz with the care she needs.
 - Ensuring that Beatriz has given her consent for her information to be shared.
 - Ensure that information held about Beatriz is accurate and up to date.
 - Ensure that any software updates are applied regularly which maintain the security of the system.
- b) **Students should make reference to the principles of the Data Protection Act and apply them to Beatriz's case information. Example content is provided below (accept suitable alternatives):**
- The principles of the Data Protection Act must be applied by the multidisciplinary team to all of Beatriz's information.
 - The Act states that information must be used for a specific and explicit purpose.
 - This could affect the team when sharing information between one another as they would need to ensure that Beatriz has provided consent for her information to be used in this way. This could be done by asking Beatriz while consent is sought.
 - The team must also take care to protect against security breaches, which could occur if information is shared between one another (e.g. the consultant oncologist providing an update on Beatriz's condition).

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