



Case Studies with Activities

for OCR Cambridge Nationals in Health and Social Care

Unit R032: Principles of Care in Health and Social Care Settings

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Teacher's Introduction

This resource has been prepared to assist students and staff with **Unit R032 of the Cambridge National Level 1/2 in Health and Social Care (first teaching September 2022)**. It comprises a collection of presentations by working practitioners and case studies, set in the fictional town of Dunsbridge. These provide the basis for a range of tasks and activities for both classroom and homework use, to complement the teacher's input. It should not be considered a textbook but should instead be seen as a guide to help students with their own research. It also cannot replace the teacher; it is a supplementary resource to facilitate teaching and learning and could form part of a departmental virtual library.

The resource contains a variety of student-centred activities, discussions, tasks and practical exercises based on health and social care situations. They are designed to encourage students to develop their knowledge and prepare them for their examination.

All the worksheets are photocopiable and provide a valuable resource for the busy teacher. Learning takes place through practical tasks performed by the students themselves. Where relevant, suggested answers are given for the activities.

Many of the activities and case studies are based on interviews with actual practitioners to ensure that the information is as up to date and relevant as possible.



= Individual



= Paired



= Small group

Organisations and settings may be different in different areas, and service provision may depend on practitioners' interpretation of local needs. I strongly recommend, therefore, that contact is made with local authorities and service providers to find out what the local situation is and how it differs from what is presented here and, if possible, to arrange visits or invite guest speakers in.

The information provided is correct at the time of writing, but legislation and circumstances change, so teachers should check the current situation for any changes.

January 2024

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The Dunsbridge Scenario

The presentations and case studies in this resource have been drawn from health and social care professionals in a fictional market town of Dunsbridge. The town itself has a population of about 30,000 people, including another 20,000 people from the surrounding area.

Overall it is a relatively prosperous area, but there are pockets of severe deprivation on the outskirts of town, for example, is among the top 10 per cent most deprived areas in the country. There are few shops, but for most services residents have to go into the town centre – about 20 minutes walk for older people and the disabled, although bus services are generally good. There is a high level of poverty in the rural villages, where public transport is an issue for those without a car. The closure of the local hospital has added to the health problems.

The local health service providers have identified certain issues among children and young people, including other problems associated with poverty. Young people in the villages often feel isolated and have health issues. Among the older population, hypertension, diabetes, stroke and heart disease are particular concerns. These concerns are reflected in the services offered at the hospital, which in addition to physiotherapy and audiology departments and an out-of-hospital rehabilitation centre and a diabetes unit.

The town has been affected economically by the closure of a large engineering business, leading to increased unemployment. Many shops have also closed as people have switched to online shopping, leaving fewer facilities for those who cannot use the Internet.

The population is fairly diverse, both ethnically and culturally. Although the surrounding area is mostly white, with just a few Eastern European seasonal workers, Dunsbridge itself is home to people of many backgrounds – black, white and Asian, including a few refugees from different countries. There is also a small satellite campus of a major university in the town, with international students.



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Presentation 1: The Hospital Matron

My name is Meera, and I am the Matron of Dunsbridge Hospital, a community hospital providing a range of services tailored to the needs of our local community. We have identified a number of particular problems in the area, and therefore focus resources on these, with our own stroke rehabilitation centre, a specialist diabetes team and an obesity clinic.

We have two day in-patient wards for admissions from GPs and referrals from the area's main hospital; medical support is provided by GPs. In addition, our outpatient department covers areas such as physiotherapy, audiology, speech and language therapy, and ophthalmology. We also have a minor injuries unit and X-ray facilities.

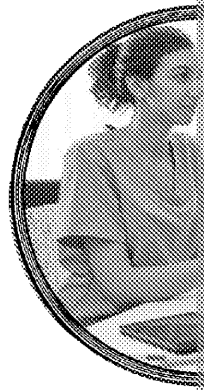
We work closely with the local authority's Social Care Department as well as (as I have said, provide medical support here at the hospital). We also have a complete partnership with Social Care, district nurses, learning disability nurses and other services.

As Matron I am responsible for patient safety and the quality of care, including infection. I therefore have to ensure that all staff are aware of the need for personal hygiene as well as that of the patient, and to maintain the overall standards. The use of personal protective equipment has become particularly important since the pandemic. I also have responsibility for staff management, budgeting and prioritising patients' needs so that we can work as efficiently as possible. My role is not only covering the allocation of staff as required, but supporting them and developing them.

NHS workers are obviously regulated by their own professional codes of conduct, and the behaviour and quality of service required for their particular roles. But I also ensure that whatever their role and whatever other skills they need, all staff have thorough training in areas such as health and safety and data protection.

Working with patients requires a variety of skills. Being a good communicator is essential, whatever one's specialism. All our staff – whether they be nurses, occupational therapists, physiotherapists or doctors – must be able to relate to clients of all ages and backgrounds. The ability to work as part of a team is crucial, as a great deal of our work involves different professionals working together. But above all, it is important to bear in mind that all health and care professionals should adhere to – values such as patient choice and dignity, and their right to make their own independent decisions. We must share these values with other professionals.

One other quality that helps us cope with the stresses of the job and provides a sense of humour.



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Presentation 2: The Manager of a Patient Service

My name is Marcus, and I am the manager of Dunsbridge Care, a voluntary organisation working in social care, based at a community centre in the centre of Dunsbridge. We offer a range of services to complement the work of the NHS and the local authority's Social Care Department in the Dunsbridge area, including:

- ✓ 'Coffee, chat and cards' drop-in sessions, where people can come and play board games, or just sit and socialise
- ✓ Help and advice with official paperwork, especially benefit claims
- ✓ Support for people with mental health problems, including an anti-suicide strategy
- ✓ Carers' groups, in which people with caring responsibilities can get together
- ✓ A memory café, with activities for both clients with dementia and their carers
- ✓ Advocacy – speaking on behalf of clients who do not have the confidence to speak to medical practitioners, social workers or government officials
- ✓ Transport, both to medical appointments and to social events (we have two cars)

It has been shown that physical exercise has enormous benefits to mental wellbeing, so we also run walking and swimming groups, and we have a small allotment.

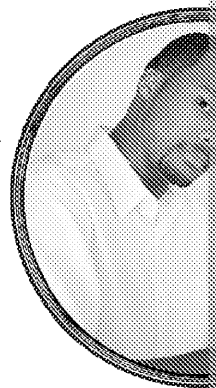
We like to get to know our volunteers well before we ask them on, to be sure they are suitable for the roles they are undertaking and are not just in it for the money. The main attributes we look for are:

- Trustworthiness – clients are often very vulnerable and must be able to rely on us when they say we will do something and doing what they have promised to do
- Empathy – this is vital in any caring role
- Honesty – we must be able to tell the truth
- Confidentiality – volunteers will often be privy to very sensitive information and must ensure that they will respect clients' confidentiality

Many of our volunteers undergo special training in the fields in which they will be working. For example, those working with clients with mental health problems will be trained to do so (although we are not NHS staff, since their role is to complement the NHS work, not replace it), and they will also attend the relevant courses.

Much of our work involves helping people who have experienced life-changing events, such as bereavement, unemployment, sensory loss or dementia, or perhaps just a change in their circumstances. It can be difficult for someone to come to terms with the fact that they are no longer just a parent, but have taken on a new role of carer. We can provide emotional support in these circumstances, but also information and advice, and perhaps more practical help, such as providing equipment or help with transport. Because our clients' needs are all different, the support we can provide is particularly targeted. And one of the keys to our approach is to listen to what our clients say. This clearly varies according to the individual's circumstances, but as important as providing information and support, and active listening is vital in any caring role.

Since much of our work complements that of other agencies such as the NHS, we work closely with those organisations. For example, GPs, social prescribers and other professionals refer clients to us for services we offer, such as benefit advice or emotional and social support. We also think someone might benefit from some of our activities, like the walking and swimming groups, and advocacy work also brings us into contact with other agencies.



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Presentation 3: The Manager of a Residential Home

My name is Janice, and I am the manager of Greenfield Residential Home in Dunsbridge. We are part of a small group of homes, and our residents are generally people in later adulthood who, for a variety of reasons, are no longer able to live independently. We have many residents; we cannot offer medical support, but we are able to cater for those with dementia, which is a particular priority in this area.



We work closely with statutory services, such as Social Care, the local hospital, GPs and health visitors and the local mental health team. We have visiting services from a dentist, an optician, a podiatrist, a hairdresser and faith leaders. Of course, a very important partnership is with the client's family.

Our services can be accessed through self-referral, where someone wants to move in, but it is more common for clients to be referred by Social Care, who produce care plans, assess their needs, and may fund their care, in full or in part.

We have tried to minimise barriers to taking full advantage of the care we offer. We have ramps and lifts, and ramps to ensure that there is physical access for all. All our signs and leaflets have Braille alternatives, to help those with visual impairments, and staff are trained to help with other factors that might make it difficult for clients to settle in. When a new client moves in, we assess their needs in conjunction with their social worker to ensure that we have the resources to meet them.

Carers usually have Level 2 or Level 3 NVQ or equivalent qualifications in care. We offer training opportunities. In a setting such as ours it is very important to have good standards of infection, safety, cleanliness and hygiene among our top priorities, as is the protection of our residents. We therefore provide or source training in lifting and handling, first aid, fire safety and the safe disposal of hazardous waste. Staff also need to know how to assess risk, and how to manage it.

Apart from the formal qualifications, carers need to be relaxed, astute and able to communicate well, relating well to residents, family and other direct carers, such as health visitors and social workers. I always look for people who are happy and stable within the team, and someone who is calm, gentle and quiet.

Our care value base is very important, as our priority is to promote and support the dignity, independence and health and safety. Training for carers always includes practical measures and good communication. I make sure that every carer signs a form to acknowledge and understand our policies under the health and safety regulations. We use formal appraisal and informal interviews to ensure that our standards are being met. We have a 'Policy of the Month', which is displayed on the wall to promote these values. We also have a list of practical measures such as wearing protective clothing, handling hazardous substances such as cleaning agents, soiled linen and disinfectants safely.

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Presentation 4: The Practice Manager of a

My name is Andrew, and I am the practice manager of Queen's Road Health Centre in Dunsbridge. We provide a range of services: our staff includes nurses, health visitors, counsellors and mental health practitioners, as well as GPs. A recent addition to our staff is a social prescriber, to whom clients can be referred for non-medical advice and support; she takes a holistic approach, discussing patients' overall needs, not just the medical problems they may initially have presented, and may refer them to walking groups, social clubs, dieticians, etc. We direct our resources towards the health needs of the local population. For example, recent surveys show that the town has higher than average rates of diabetes, stroke and under-age pregnancy, especially in the Parkland area, where many of our clients live. We therefore concentrate a lot of our efforts in those areas.



Clients have access to a range of information and choices. For example, they can have an initial assessment for minor complaints, order repeat prescriptions or view their medical records. Telephone consultations are also available in addition to face-to-face appointments, and clients can choose whether to see a male or female practitioner.

Communication is very important in our work, whether we are dealing with clients at the health centre or with other agencies. We must ensure that we give people all the information they need, and that our communications are clear and accurate, and that the people to whom they are directed are the right ones. We provide extensive in-house training on effective communication, and we are regularly made aware of the need to ensure that any potential barriers to communication are identified and removed. For example, our direction signs include pictograms. We also produce a patient and staff handbook, which sets out our policies and the procedure for complaints.

Our staff training also covers the values in care, such as the need to work in partnership with clients, to respect the fact that each client is an individual with their own needs and preferences, and to maintain their independence. We also emphasise the 6Cs:

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

Confidentiality is very important; all information given during a consultation is confidential and should not be passed to a third party without the client's consent. There are rare occasions when a practitioner's duty outweighs their duty of confidentiality, and the General Medical Council gives guidance on how these situations should be handled.

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Presentation 5: The Head of a Nursery

My name is Sarah, and I am head of the nursery at Parkland Primary School. Although, administratively, the nursery is part of the school, and our children take part in some of the school activities, such as sports day and assemblies, we operate largely as a separate unit, with our own resources and session times. We take children from the age of three years to provide an environment in which they can develop relationships with others, especially those who are slightly older – many of our activities involve children of a variety of ages. We have two sessions a day – a morning session and an afternoon session – and parents can opt for their children to attend either or both.



This socialisation process is extremely important, as many of our children come with very low levels of social, emotional and intellectual skills. When they first join us, they are months behind the national average. Our task is to improve their social and emotional skills. When they leave us and go into the main school, they are ready to engage in more formal learning.

We have a selection of toys, games and activities to enable the children to engage in both individual and group play – and, of course, the emphasis is on the development of physical, social and emotional skills through play. Although to the casual observer the sessions may seem unstructured, we ensure that each activity has a particular focus. All staff are trained to assess children's development in different areas of development. We encourage all children to aim high and work hard, regardless of their level of development.

We aim to provide a safe, happy environment for our children. In our induction period, all children have the right to be protected from abuse and to be treated with respect. We look out for any signs of unhappiness or distress, and to identify signs of possible abuse. The children's welfare is important; we ensure that we do so in a way that they can understand. We have non-verbal communication skills, as the way we approach children can affect their general well-being, just as much as what we actually say. So gestures, facial expressions and body language are important aspects of our communication.

We obviously also have to communicate with adults, especially with other professionals. If something is wrong, I am the designated safeguarding lead for the nursery, so all concerns about child abuse are reported to me. I in turn report to the head teacher of the school and the relevant authorities, including the local children's services department and the police. We also deal with bullying. Communication with parents and carers is vital, as we see ourselves as part of the development of their children. We do not hold formal parents' evenings; instead, we have more informal conversations before and after sessions, when we can keep parents informed of progress and discuss any concerns we or they may have.

Our children come from a wide variety of social, economic and cultural backgrounds. We are from the most deprived area of Dunsbridge, but our catchment area also includes a fairly affluent area. We also have children from different racial and religious backgrounds. It is important that all are treated equally and feel included, regardless of their social or cultural background. We celebrate the customs and festivals of all the children in our care.

Safety is a priority, and the doors and windows have security devices that can be locked. We always need to be aware of the risks involved in any of our activities. For every activity, we will have been identified as a risk, and the activities were first planned; however, if we identify a new risk, we will do a special risk assessment to ensure that all potential hazards are controlled. We have a number of trained first-aiders, and all staff are made aware of the risks of accidents; we have a special accident book for this purpose.

We take great care over cleanliness at all times to minimise the spread of infection. We encourage hand-washing but also ensuring that toilets and basins are kept clean, and we are quick to clear up after a child who has had a toileting accident. And, of course, the sessions are planned every day.

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Ian

Ian is 85 years old. His wife died 18 months ago and he was finding it increasingly difficult to cope on his own; he had never had to do his own cooking, and had a very unhealthy diet to the extent that his GP warned him that he was overweight, and that this was likely to cause him health problems. He also felt lonely, as he and his wife had been very social people and they did not have many friends locally. His only daughter both live some distance away, and only visit them and their families every few months.

Ian's son and daughter were concerned about Ian and persuaded him to go into Greenfield Residential Home. He was reluctant to do so at first, but when he realised that if he forgot to take his medication he is still mentally quite alert and he felt that residents with mental problems. But he met the manager of the home to discuss his situation, and he agreed that he would not lose his independence and privacy, and that the carers would respect his preferences. He no longer has to worry about his medication, as the carers ensure he takes it on time, and he is eating more healthily – he is able to follow the kind of diet the GP recommended. He is losing weight.

He gets a newspaper every morning, and he often sits over his coffee with one of the other residents and does the crossword together. He has befriended a fellow resident, Lee, who is deaf; Ian has learned British Sign Language together, so Ian can communicate with his new friend. This makes him feel useful. His GP surgery's social prescriber has recommended that Ian goes to the coffee mornings for social contact, and he sometimes goes on their outings to local parks. He feels less isolated than when he was living on his own, and his mental health has improved. When he last contacted them, he still feels in control of his life, without the health problems he had before, and without the loneliness he felt when he was living on his own.

Topics covered by this case study:

- 1.1: Supportive care, residential home
- 1.2: Rights, choice, consultation
- 1.3: Empowerment, independence, feeling in control of their lives, feeling respected, confidence that service providers have their best interests in mind
- 2.1: Individuality, choice, rights, independence, privacy
- 2.3: Medication not being given, dietary needs not being met, lack of mental stimulation, interaction
- 3.4: British Sign Language
- 3.5: Empowerment, feeling valued, feeling respected, actively listening
- 4.1: Hearing loss, people in residential care

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Robert

Robert is 42 and homeless. He has mental health problems and learning difficulties, and is partially deaf. This resulted in problems with his early schooling, and he was bullied throughout his childhood.

All his life Robert lived on the Dunsbridge estate with his parents, who did everything for him, and he learned to cook, clean or run his financial affairs for them. His parents died a few years ago, and he had to fend for himself. He could not cope in the house on his own and became increasingly depressed and stressed. As a result, he turned to alcohol. He neglected the house so badly that his landlord evicted him, and he was homeless for a couple of years. While on the streets, he was frequently verbally and physically abused.

It was only when Robert was banned from Dunsbridge town centre that he came to the attention of the authority's Social Care Department. After a short stay in a hostel, where the work was to protect him from further abuse, his social worker contacted a housing association, which offered him accommodation for the winter months. She is hoping to arrange permanent accommodation for him with mental health issues. She is also arranging for him to receive a full mental health assessment.

She has referred Robert to the Dunsbridge Care support group, who are acting as advocates, liaising with officials and health professionals on his behalf, and arranging medical appointments. They are also helping Robert claim the benefits to which he is entitled. His support workers are focusing on improving his wellbeing, doing things with him rather than to him, and ensuring that he is treated with respect. They listen carefully to what he has to say, are patient when he has difficulty expressing himself, and show by their facial expressions and gestures that they are listening. Robert's social worker has also noticed an improvement in Robert's mental health in the short time that she has been supporting him.

Topics covered in this case study:

- 1.1: Section 47, homelessness
- 1.2: Right to equal and fair treatment, protection from abuse and harm
- 1.3: Feeling valued, respected, improving physical or mental health
- 2.1: Dignity, respect, partnership
- 2.2: Benefit for service user, improves the quality of care
- 2.3: Depression, stress
- 3.1: Patience
- 3.2: Facial expressions, gestures
- 3.3: Active listening
- 3.4: Advocacy
- 4.1: Vulnerable groups, homeless people, people with mental health conditions

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Cassie

Cassie is three years old and lives with her single mother, Carla, in a small flat on the Parkland Estate in Dunsbridge and attends Parkland Primary School's nursery. Carla's neighbours are quite noisy, although her parents are not supportive.

Although Carla says she loves Cassie, she seems to feel slightly resentful because she cannot play with her friends as often as she would like. Her mother sometimes look after Cassie, so Carla does get out a little. She sees her friends who are working going out at least twice a weekend. When she is out she drinks rather more than she should. She smokes, and her lifestyle means that she and Cassie eat irregularly and not very nutritiously.

The health visitor has alerted the local authority's Children's Services Department to certain concerns she has about Cassie; she is worried that she is being neglected, and a multi-agency safeguarding hub (MASH) meeting was convened to discuss the situation, involving the health visitor, the social worker, the head of Parkland School's nursery, Cassie's GP and Carla herself. In the course of the regular developmental checks the health visitor does, she has noticed that Cassie's social and linguistic development is low compared with the norm. She has difficulty forming relationships. The MASH team think this may be because she has been left with different neighbours for quite long periods, and partly to the fact that her parents have been inconsistent, especially when Carla is drunk, so she finds it difficult to form relationships. She has problems speaking and her physical development is poor. They think both these problems are due to her being left for long periods in front of the television.

The nursery staff are working intensively with Cassie to improve her social and communication skills, bringing them up to the level expected of a child of that age, involving Carla as much as possible. The strategy is to use simple, appropriate language to Cassie's level of development, to use visual aids and to ensure that she understands what is being said, so that she can respond. Because of her slow development, some of the other children began to pick on Cassie. The social worker believes that, despite her potential to become a very good mother with the right guidance, and has persuaded Carla to take a course to help her bond better with Cassie; she is enjoying the course so much that she has decided to continue with it.

Topics covered by this case study:

- 1.3: Reassured that service providers will not harm them
- 2.2: Maintains or improves quality of life, supports service users to develop their potential
- 2.3: Lack of progress or skills development, failure to achieve potential, feeling upset or withdrawn
- 3.1: Using appropriate language
- 3.3: Nodding agreement, showing empathy
- 3.5: Using appropriate vocabulary
- 4.1: Children

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Inaya

Inaya is 12 years old and has been diagnosed with autism. She has recently started at Dunsbridge Academy and has not found the transition from primary school to secondary school easy. In class she is easily distracted and finds it difficult to communicate with both her classmates and her teachers, which often results in her becoming non-verbal and frustrated. She also has difficulty maintaining relationships and so feels isolated from her peers.

Staff at the school have been asked to give Inaya space and allow her to be quiet when she can cope with her frustration when she feels she is not being listened to. They have also been advised not to ask Inaya directly how she is feeling, but to use closed questions that require a simple 'yes/no' answer. This avoids aggravating the situation, which can make her very agitated, and she can sometimes react physically. Her condition requires those around her to express themselves simply and clearly, using a vocabulary that she can understand. It is important that staff observe her body language, and recognise her emotions.

The school uses a system of 'exit cards' to enable students to regulate their behaviour. They can leave the class if they feel it is necessary. Inaya uses hers if she finds she cannot cope; she can then leave the room and calm down.

Inaya's parents have been involved with the school since she started there, and they do this in any way they can. Regular staff team meetings and parental consultations play a part in ensuring that Inaya's academic progress is smooth, although other events outside school can affect her concentration. Her parents are investigating how using Makaton might help her to communicate.

The school provides a safe environment for children like Inaya, and where they seem to be able to be taken into consideration.

Topics covered by this case study:

- 1.2: Consultation, equal and fair treatment, protection from abuse and harm
- 1.3: Empowerment, feeling valued, appropriate care, trust
- 2.1: Individuality, independence, respect, partnership
- 2.2: Benefits for service providers, provides clear guidelines of the standards of care, ensures standardisation of care, improves quality of life
- 2.3: Intellectual effects, lack of progress or skills development, failure to achieve potential, emotional effects, depression, anger/frustration; social effects, feeling excluded, isolation
- 3.1: Adapting type of communication, clarity, patience, using appropriate vocabulary
- 3.2: Eye contact, facial expressions, body language
- 3.3: Open, relaxed posture, eye contact, clarifying
- 3.5: Reassurance, feeling valued, using appropriate vocabulary
- 4.1: People with learning disabilities; impact of a failure of safeguarding, emotional

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Report from the *Dunsbridge C*

A surprise Ofsted inspection of Teddy Bears Nursery in Dunsbridge has resulted in 'Inadequate', the lowest category. The inspectors' devastating report found that and development needs were not being met.

Inspectors said that staff did not build relationships with the children, and all too often even acknowledge when children were upset. They did not seem to see the need to support their charges. They also noted a lack of respect for the children and little sensitivity. When they cried, they were told to wipe their faces with a flannel and wipe their faces, rather than being comforted.

Children were not making progress in any aspects of their development because they needed support to support their personal, social and emotional progress. No account was taken of learning needs when planning the curriculum. This meant, for example, that two-year-olds participated in the same activities as older children, which they found too challenging. Some children sat by themselves for long periods just watching the others, without any encouragement or interaction with staff.

The report also highlighted poor communication, which affected the children's well-being. Information about possible welfare issues was not shared, and there was a lack of training in recognising signs of potential abuse.

Topics covered by this report:

- 1.2: Rights of service users, equal and fair treatment, protection from abuse and harm
- 2.1: Person-centred values, individuality, rights, respect, partnership
- 2.1: The 6Cs (care, compassion, competence, communication, courage, commitment)
- 2.3: Intellectual effects, lack of progress or skill development; emotional effects, lack of social interaction
- 4.1: Service users, children's impact, lack of safeguarding, physical impacts; safety

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Activities

Activities based on the Dunsbridge scenario

For most of these activities, you will need the case studies and presentations from the Dunsbridge scenario.

The specific materials required for each activity are clearly displayed in the accompanying worksheets.

In addition to the activities designed specifically to cover the learning aims of the general activity to accustom students to the vocabulary used by health and care workers, this resource can be used as an extension activity. As the component requires a lot of individual research, it is important that students understand the terms they may come across when reading. This resource should be encouraged to use this exercise as a starting point for their own glossary to develop as they progress.

Some activities are designed to be done as group or paired work, but there is a lot of flexibility and it can be tailored to suit the size and make-up of the group. The teacher could also provide a broader view. A possible way to use this resource would be to create presentations and case studies for each student to refer to while they are working on the activities.

Some of the worksheets and activities can be printed on A3 paper or larger to allow for group work or for whole-class feedback.

Once the students have completed all the activities, they will have practised the skills and knowledge required to complete the unit.

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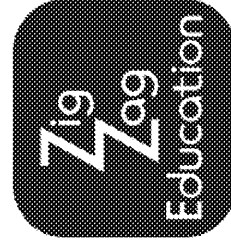


Teacher's notes

Activity	Topics covered	Teaching notes
Introductory Activity	<input checked="" type="checkbox"/> All	Students may write answers directly on the table.
Activity 1	<input checked="" type="checkbox"/> 1.1: Types of care <input checked="" type="checkbox"/> 1.2: The rights of service users	Cut out the 'Settings' cards. This activity is best if each student has one card, but it can be adapted for groups, either by working in pairs or by student card.
Activity 2	<input checked="" type="checkbox"/> 1.3: Empowerment	N/A
Activity 3	<input checked="" type="checkbox"/> 1.3: Self-esteem, service users' needs are met, trust	Cut out the 'Situation' cards. This activity is best if each student has one card, but it can be adapted for groups, either by working in pairs or by student card.
Activity 4	<input checked="" type="checkbox"/> 1.2: The rights of service users	N/A
Activity 5	<input checked="" type="checkbox"/> 2.1: Person-centred values	In Task B, students could be allocated a case study being allowed to choose one. As an optional extension, students could be asked to explain their answers to the case study.
Activity 6	<input checked="" type="checkbox"/> 2.1: The 6Cs	If there are more than six students in a group, some students could be asked to watch a video of the activity, so that they have the information to complete it.
Activity 7	<input checked="" type="checkbox"/> 2.2: Benefits	If preferred, instead of one student considering the benefits and the other the benefits to service providers, consider the benefits to both categories.
Activity 8	<input checked="" type="checkbox"/> 2.3: All effects	N/A
Activity 9	<input checked="" type="checkbox"/> 3.1: Clarity	It is best if the students do not see the diagram activity so that they cannot prepare their descriptions.

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Activity	Topics covered	Teaching notes
Activity 10	<input checked="" type="checkbox"/> 3.1: Empathy, patience, using appropriate vocabulary, tone, volume, pace	N/A
Activity 11	<input checked="" type="checkbox"/> 3.1: Willingness to contribute to team working <input checked="" type="checkbox"/> 3.3: Active listening	Students in each group allocated particular roles (e.g. doctor, nurse, GP, nursery head, etc.) or be allocated a role of their own choice as they think fit.
Activity 12	<input checked="" type="checkbox"/> 3.2: All non-verbal communication	Cut out the 'Emotion' slips.
Activity 13	<input checked="" type="checkbox"/> 3.1: All special methods of communication	This can be either an individual or a paired activity. A number of students in the group, as long as all roles are covered.
Activity 14	<input checked="" type="checkbox"/> 3.5: The impact of good and poor communication skills	N/A
Activity 15	<input checked="" type="checkbox"/> 4.1: Service users who need safeguarding, impact for service users of a lack of safeguarding	This activity is best done by printing the 'Client' sheets on a wall or board and inviting each student to write an answer on the appropriate sheet. However, it can also be done by groups sitting round the 'Client' sheets discussing the issues.
Activity 16	<input checked="" type="checkbox"/> 4.1: Safeguarding procedures, safeguarding training, Disclosure and Barring Service	As indicated in the instructions for the activity, this would be made more 'real' if students who are experienced were able to speak to the DSL of the service.
Activity 17	<input checked="" type="checkbox"/> 4.2: Infection prevention	
Activity 18	<input checked="" type="checkbox"/> 4.3: All measures to prevent infection <input checked="" type="checkbox"/> 4.4: All measures to prevent infection <input checked="" type="checkbox"/> 4.5: All security measures	N/A

Introductory Activity: The vocabulary of health and social care

Learning outcomes:	
<input checked="" type="checkbox"/> All topic areas	
Topics covered:	You will need:
★ All topics	<input checked="" type="checkbox"/> All presentations <input checked="" type="checkbox"/> All case studies <input checked="" type="checkbox"/> Scissors and paste

The following terms are commonly used when talking about health and social care given on the cards provided, but they are not in the right order.

Cut out each definition and paste it in the correct place, against the term it refers to each to show that you understand the meaning. Alternatively, rewrite the definitions.

Term	Definition
Advocacy	
Body language	
Care	
Choice	
Commitment	
Communication	
Compassion	
Competence	
Confidence	
Consultation	

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Term	Definition	
Courage		
DBS		
Dignity		
Empathy		
Empowerment		
Person-centred care		
PPE		
Risk assessment		
Safeguard		
Self-esteem		
Self-reliance		
Stress		
Tone of voice		
Trust		

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Introductory Activity (Definition)



The ability to do a job or task efficiently	An examination of the risks that might cause harm and ways to mitigate them
Passing on or exchanging information about a subject	A response to pressure when unexpected happens, or a situation
Discussing a course of action with a client	The ability to decide on the action to take, to decide on more options
The ability to control one's own life	The provision of anything that affects a person's health and safety
The ability to understand and share the feelings of others	Being treated well and with respect
The way a person speaks, how they sound to the listener	How one values oneself and respects oneself
Sympathy and concern for the feelings of others	Personal protective equipment used by health workers to protect themselves
Care that is tailored to a person's individual needs and preferences	A belief in the reliability of another person
Actions and procedures that promote the welfare of vulnerable people and keep them from harm	Not sharing personal information about a client with others unnecessarily
Communication using physical actions or expressions rather than words	The ability to do things without needing other people
Disclosure and Barring Service, a register of people who have criminal convictions and are unsuitable for work with children and groups	A willingness to do something that is difficult for you or is risky because of a belief that it is right to do
Being diligent to doing something thoroughly and to the best of one's ability	A system whereby someone who has problems is supported, especially with official procedures

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Activity 1: The rights of clients in different settings

Topic area:	<input checked="" type="checkbox"/> 1: The rights of service users in health and social care
Topics covered:	You will need:
<ul style="list-style-type: none"> ★ 1.1: Types of care settings ★ 1.2: The rights of service users 	<ul style="list-style-type: none"> ✓ All presentations ✓ Case studies 1, 2 and 3 ✓ 'Settings' cards provided

Task A

Read:

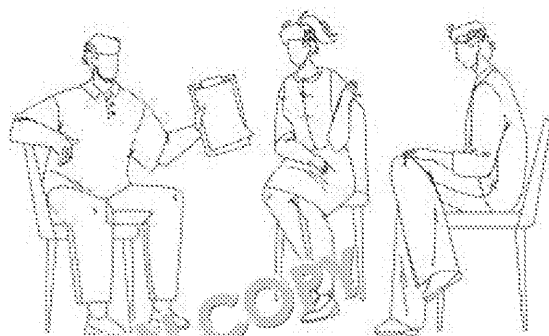
- *Presentation 1* by the hospital matron
- *Presentation 2* by the manager of Dunsbridge Care
- *Presentation 3* by the manager of Greenfield Residential Home
- *Presentation 4* by the practice manager of Queen's Road Health Centre
- *Presentation 5* by the head of Parkland Primary School's nursery
- *Case Study 1* about Ian
- *Case Study 2* about Robert
- *Case Study 3* about Cassie

Some of the settings mentioned in the presentations or case studies are healthcare settings and some are social care settings. But clients in both types of setting have the same rights:

- Choice
- Confidentiality
- Consultation
- Equal and fair treatment
- Protection from abuse and harm

In small groups play the 'Click and Drag' game.

1. Place the 'Settings' cards (see separate sheet) upside down in a pile.
2. Take it in turns to take one of the cards.
3. Say whether the setting is healthcare or social care, and explain to the rest of the group what might relate to interactions in that particular setting and, where relevant, to the rights of service users.



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Record brief notes of your discussions below:

	Setting 1: _____	Setting 2: _____	Setting 3: _____	Setting 4: _____
Choice				
Confidentiality				
Consultation				
Equal and fair treatment				
Protection from abuse and harm				

Task B

Now consider any other settings you can think of and say whether they are health settings. List them below.

Healthcare settings	Social settings

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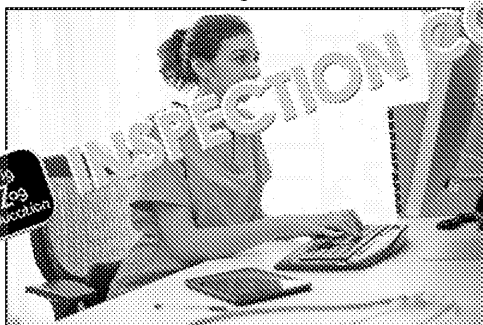
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'Settings' cards for Activity 1



Hospital



Patient support



Residential care home



Health centre



Nursery



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Activity 2: Empowerment

Topic area:	<input checked="" type="checkbox"/> 1: The rights of service users in health and social care
Topics covered:	You will need:
<ul style="list-style-type: none"> 1.3: Benefits to service users' health and wellbeing when their rights are maintained (empowerment) 	<ul style="list-style-type: none"> ✓ Presentation 4 ✓ Case study 4

Read *Presentation 4* by the service manager of Queen's Road Health Centre and

Empowerment is respecting a person's right and ability to make informed decisions and encouraging them to do so. Here are two examples of these values in action:

- The health centre enables patients to choose whether to be seen by a male or female staff member.
- The staff at Inaya's school explain different tasks to her in terms she can understand and are confident that she is capable of doing them.

Task A

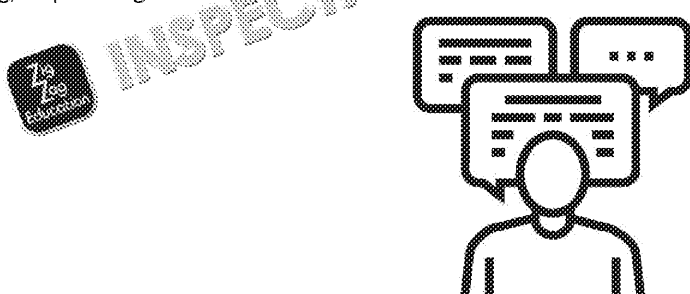
Describe **two** more examples, using the same presentation and case study.

1.

2.

Task B

Research information on empowerment in another health or social care setting, explaining how empowerment should work in that setting, including



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Activity 3: Benefits of maintaining client rights

Topic area:	<input checked="" type="checkbox"/> 1: The rights of service users in health and social care
Topics covered:	You will need:
★ 1.3: Benefits to service users' health and wellbeing when their rights are maintained (self-esteem, service users' care needs are met, trust)	<ul style="list-style-type: none"> ✓ Case studies 1, 2 and 3 ✓ 'Benefits' sheets and 'Situation' cards

Clients benefit in a number of ways if the rights described in Activity 1 are maintained.

- Improved self-esteem
- Their care needs being met
- Trust in the professionals involved in their care

Task A

Read *Case Study 1* about Ian, *Case Study 2* about Robert and *Case Study 3* about Clare.

In groups of three, play the 'Benefits' game.

Rules

1. Give each player one of the 'Benefits' sheets provided – 'Self-esteem', 'Needs met' or 'Trust'.
2. Spread the 'Situation' cards out face down.
3. The first player turns over one card.
4. If the situation matches the type of benefit for which they have the sheet, they place the card on their sheet. For example, if the situation were that a client with mobility problems is provided with a wheelchair, the card would belong on the 'Needs met' sheet.
5. If the situation does not match the type of benefit sheet, the card is turned face down.
6. Play then passes to the next player.
7. The winner is the player who fills their sheet first.
8. If there is disagreement about which sheet the card belongs on, the group must reach a consensus. If no agreement is reached, the teacher may be asked to adjudicate.



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Task B

Still in your groups, think of two role plays that explore themes of self-esteem, trust for different clients in a care setting. For example, one scenario might involve playing the parts of care workers and the third a client with physical difficulties. Talk about the discussion, emphasising the significance of self-esteem, meeting individual quality care. Write your conclusions below.

Scenario 1



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Scenario 2



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'Benefits' sheet 1 for Activity 3 (Task 1)

Self-esteem:

 <p>Situation 1</p>	SN
<p>Situation 3</p>	SN



Needs met:

<p>Situation 1</p>	SN
 <p>Situation 3</p>	SN

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Trust:

Situation 1	S1
Situation 3	S3

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'Situation' cards for Activity 3 (Task 1)



After talking to the Greenfield manager, Ian is confident that his independence will be respected.	Robert's social skills are a mental health issue, so that he can approach the situation.
The Dunsbridge Care support workers see themselves as partners in Robert's care, treating him with dignity and respect.	Cassie feels secure in the nursery, trusting that she is not being over-protected.
Ian feels less isolated now that he is going to Dunsbridge Care's sessions, which improves his mental health and makes him feel better about himself.	Now that the nursery is open, Cassie being able to be in more active sessions is a valued member of the team.
Ian is able to communicate with another resident using British Sign Language, which makes him feel useful and valued.	The residential team is happy that Ian takes part in the activities and is a valued member of the team.
The MASH team have considered what Cassie needs in terms of care and safeguarding.	Ian is eating a healthy diet now that he is able to prepare his own food.
When they are gathering for him, Robert feels confident that the Dunsbridge Care support workers have his best interests at heart.	The nursery staff are confident that the support workers have his best interests at heart.

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Activity 4: Balancing clients' rights

Topic area:	<input checked="" type="checkbox"/> 1: The rights of service users in health and social care
Topics covered:	You will need:
★ 1.2: The rights of service users	<ul style="list-style-type: none"> ✓ Presentations 1, 2 and 5 ✓ Case Studies 2, 3 and 4 ✓ Answer sheet provided

Maintaining clients' rights is not always as straightforward as it may seem; sometimes the wider context and issues need to be balanced.

Read:

- *Presentation 1* by the hospital matron
- *Presentation 2* by the manager of Dunsbridge Care
- *Presentation 5* by the head of Parkland Primary School's nursery
- *Case Study 2* about Robert
- *Case Study 3* about Cassie
- *Case Study 4* about Inaya

In pairs, consider your reactions to the following questions. On the answer sheet, write your response for each question and the arguments against, and your conclusions. Bear in mind the law. Then, discuss your conclusions with the whole group.


1. Inaya's school (*Case Study 4*) issues some students with 'exit cards' to allow them to leave a class if they become stressed or anxious. Is this a fair system?
2. Dunsbridge Care provides an advocate, a voice for Robert (*Case Study 2*) to his officials. Is this an important role in ensuring that Robert can access the services he needs? Is it difficult for service providers?
3. The hospital matron (*Presentation 1*) says that they have to consider patients' needs. This cannot mean a completely free choice of meals, which ward they are admitted to, etc. How far is it legitimate to restrict the choices of service users?
4. The head of Parkland Primary School's nursery (*Presentation 5*) talks about providing a safe environment for all their children. There is one boy whose communication becomes frustrated when he cannot make himself understood. This frustration leads to aggression – not physical violence, but aggressive gestures, which sometimes results in physical aggression. (*Case Study 3*) is particularly affected by his behaviour, as her own communication is often removed from the unit so that the other children feel safer, or does he have to be removed?
5. The manager of Dunsbridge Care (*Presentation 2*) talks about how his organisation shares information with professionals such as GPs and social services. This inevitably means sharing information about service users. Given that Dunsbridge Care is a voluntary not-for-profit organisation, is it fair that this information should be shared?

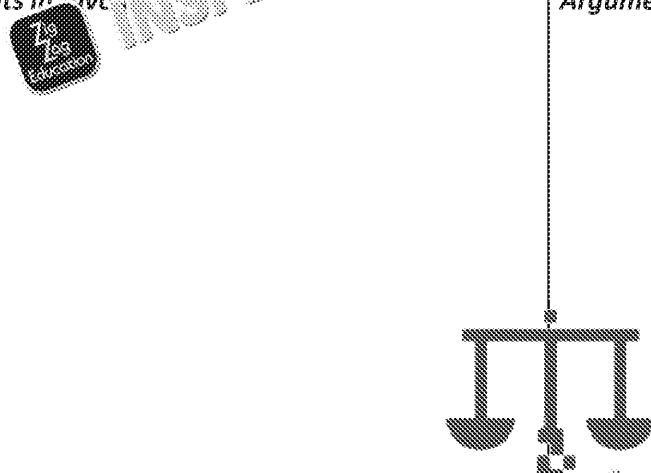
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Answer sheet for Activity 4

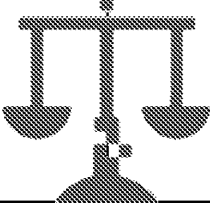
Question 1	
Arguments in favour:	Arguments against:
	
Conclusion:	

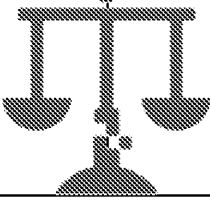
Question 2	
Arguments in favour:	Arguments against:
	
Conclusion:	

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Question 3	
Reasonable restrictions:	Unreasonable restrictions:
	
Conclusion:	

Question 4	
Arguments in favour:	Arguments against:
	
Conclusion:	

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Question 5	
<p><i>Arguments in favour:</i></p>	<p><i>Arguments against:</i></p>
<p><i>Conclusion:</i></p>	

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Activity 5: Person-centred values

Topic area:	<input checked="" type="checkbox"/> 2: Person-centred values
Topics covered:	You will need:
★ 2.1: Person-centred values and how they are applied by service providers	<input checked="" type="checkbox"/> The report from the <i>Dunsbridge Gazette</i> <input checked="" type="checkbox"/> All six case studies

Person-centred values are values that are applied to the care of service users that take into account their needs and circumstances. The values are:

- Individuality
- Choice
- Rights
- Independence
- Privacy
- Dignity
- Respect
- Partnership
- Encouraging decision-making of service user

Task A

Read the report from the *Dunsbridge Gazette*, and consider which of these values were not being applied at Teddy Bears Nursery and why they came to that conclusion.

Value not being applied	Why Ofsted concluded it was not being applied



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Task B

Choose one of the case studies (*Case Study 1* about Ian, *Case Study 2* about Robert, *Case Study 3* about Cassie, or *Case Study 4* about Inaya). Read it and consider how you would apply the person-centred values listed to that client if you were one of their carers. Some of the values are already mentioned in the case studies themselves. Write your answers below.

Client:	
Individuality	
Choice	
Rights	
Independence	
Privacy	
Dignity	
Respect	
Partnership	
Encouraging decision-making of service user	

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Activity 6: Care values

Learning outcome:	<input checked="" type="checkbox"/> 2: Person-centred values
Topics covered:	You will need:
★ 2.1: Qualities of a service practitioner, the 6Cs	✓ Presentation 4

Read *Presentation 4* by the practice manager at Queen's Road Health Centre and below about Satish.

Satish

Satish is 56 years old and has Parkinson's. He is exhibiting some of the classic symptoms of the condition, including tremors, muscle rigidity (particularly in his forearms), vivid dreams and poor balance. His GP has prescribed medication to alleviate the symptoms and has referred him to a physiotherapist to help him with movement. He has also joined Dunsbridge Care's singing group to help with his forearms. Satish was a cheerful, outgoing person, but he no longer goes out much because he feels embarrassed by his tremors in public, and he therefore feels isolated. He is becoming frustrated and depressed about the things he can no longer do, and has an increasing tendency to become angry with those close to him. Satish's wife has discovered a 'healer' who claims to be able to cure the condition, and she wants to take Satish to see her.

Do your own research into the symptoms and treatment of Parkinson's.

Useful websites/links to get you started:

- NHS <https://www.nhs.uk/conditions/parkinsons-disease/>
- Parkinson's UK www.parkinsons.org.uk
- If you are able to access the internet, you may also find the television programme *Parkinson's*, first broadcast on ITV on 5th October 2022, interesting. <http://www.itv.com/watch/paxman-putting-up-with-parkinsons/10a20>

Work in groups of six. Each person should choose one of the six care values mentioned and explain to the rest of the group how that value applies to the people involved. In your group, discuss the importance of each value in Satish's care.

The six care values are:

1. Care
2. Compassion
3. Competence
4. Communication
5. Courage
6. Commitment

Care value chosen:

How value applies to people involved in Satish's care:

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Activity 7: Benefits of applying person-centred values

Topic area:	<input checked="" type="checkbox"/> 2: Person-centred values
Topics covered:	You will need:
★ 2.2: Benefits of applying the person-centred values	<ul style="list-style-type: none"> ✓ All five presentations ✓ All four case studies

Work in pairs.

One person read...

- *Presentation 1* by the hospital matron
 - *Presentation 2* by the manager of Dunsbridge Care
 - *Presentation 3* by the manager of Greenfield Residential Home
 - *Presentation 4* by the practice manager of Queen's Road Health Centre
 - *Presentation 5* by the head of Parkland Primary School's nursery
- ... and consider the benefits for service providers of applying person-centred values.

The other person should read...

- *Case Study 1* about Ian
- *Case Study 2* about Robert
- *Case Study 3* about Cassie
- *Case Study 4* about Inaya

... and consider the benefits for service users of applying person-centred values.

Some of the potential benefits are explicitly mentioned in the presentations or case studies, but others are not. Consider any possible benefits.

Write your conclusions in a table, and discuss them with your partner.

Benefits for service providers:

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Benefits for service users:



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Activity 8: Effects of not applying person-centred values

Topic area:	<input checked="" type="checkbox"/> 2: Person-centred values
Topics covered:	You will need:
★ 2.3: Effects on service users' health and wellbeing if person-centred values are not applied	• Your case studies

Not applying person-centred values can have a significant impact on the wellbeing of service users, physically, mentally, emotionally and socially. Moreover, the direct effect of not applying person-centred values can have an impact on others (e.g. a direct physical effect might also impact a person's emotional wellbeing).

Read:

- *Case Study 1* about Ian
- *Case Study 2* about Robert
- *Case Study 3* about Cassie
- *Case Study 4* about Inaya

In small groups discuss who would be likely to be most affected in the different areas if person-centred values were not applied, and in what way. Also consider how one effect might have an impact on another. Write down your answers. The first one has been suggested to get you started.



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Answer sheet for Activity 8

Aspect of well-being	Person(s) affected	In what way	Impact on other aspects of health and wellbeing
	Ian	Pain or discomfort if his medication is not given at the right time	Emotional – depression, frustration
Physical			
Intellectual			
Emotional			

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Activity 9: Clear communication

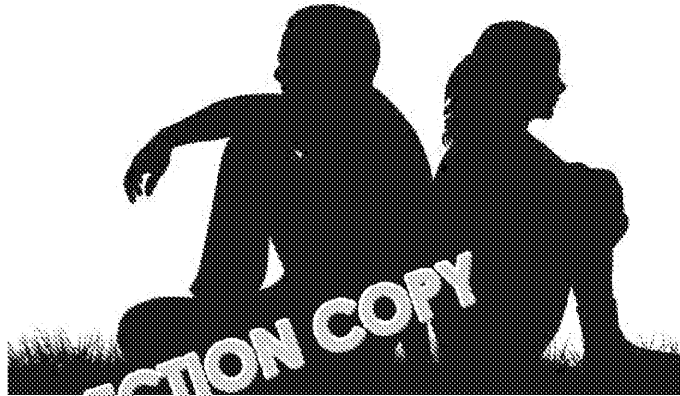
Topic area: ☒ 3: Effective communication in health and social care

Topics covered:	You will need:
★ 3.1: The importance of verbal communication skills (clarity)	✓ The diagram sheets provided

Clarity is essential when communicating with clients and with fellow professionals. In this activity, you will learn how to speak clearly and explain carefully what you mean.

Task A

Work in pairs and sit back to back. One person will be given one of the sheets provided and asked to describe the shapes and their position on the sheet to their partner. Their partner must try to draw the diagram on a blank sheet of paper. After 5 minutes, compare the two sheets and use the other sheet provided.



Task B

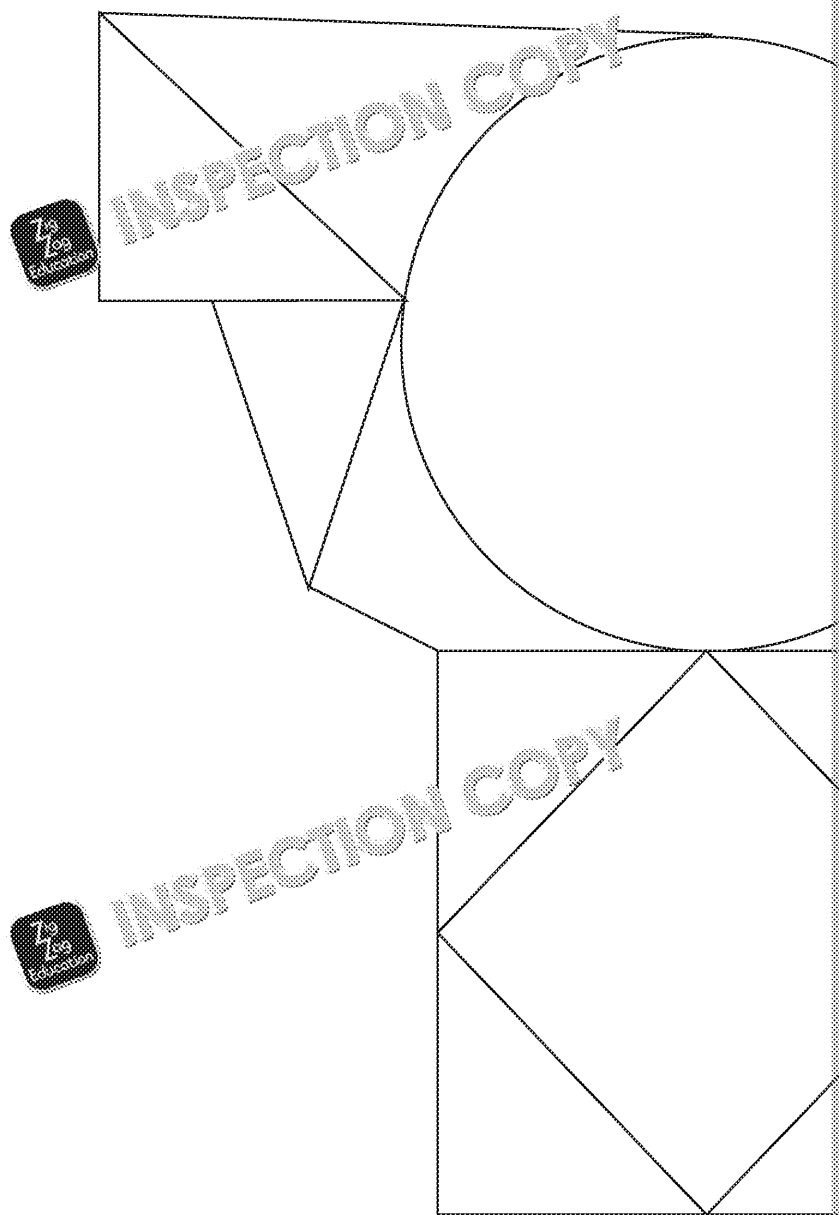
Now, as a whole group, discuss what you have learned from the activity.

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Diagram sheet 1 for Activity 9

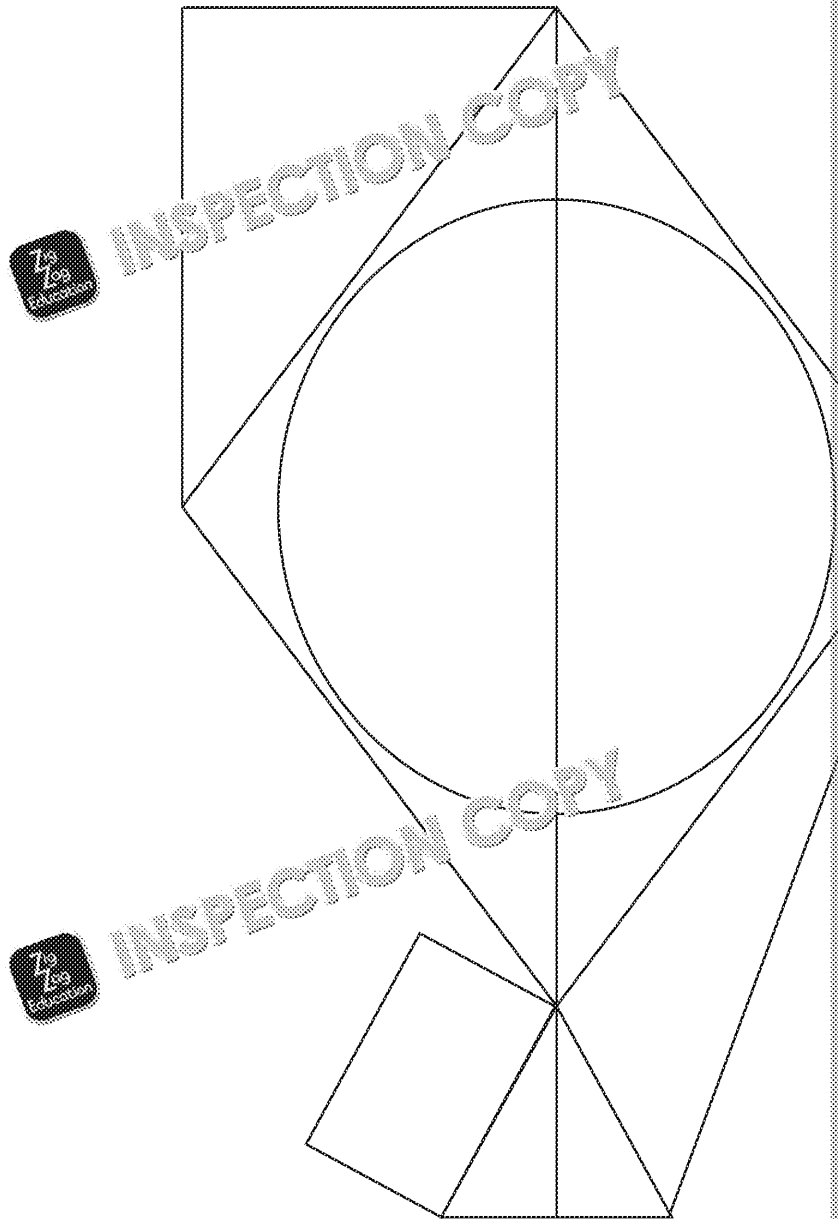


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Activity 10: Verbal communication

Topic area:	<input checked="" type="checkbox"/> 3: Effective communication in health and social care
Topics covered:	You will need:
★ 3.1: The importance of verbal communication skills (empathy, patience, using appropriate vocabulary, tone, volume, pace)	✓ All four case studies

There are certain skills involved in effective verbal communication, and service providers need to know which skills are most appropriate for particular clients. In addition to the need to speak clearly (as indicated in Activity 9), the most important skills are:

- Empathy
- Patience
- Using appropriate vocabulary
- Tone
- Volume
- Pace

Read:

- *Case Study 1* about Ian
- *Case Study 2* about Robert
- *Case Study 3* about Cassie
- *Case Study 4* about Inaya

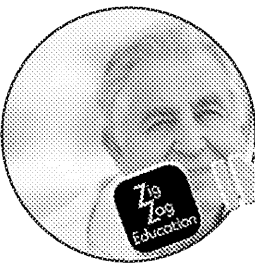


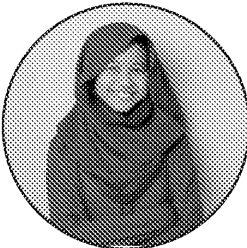
Consider which skills are particularly applicable to each individual and how using them will help the client. (You will find some of the skills mentioned in the case studies.) Use the activities to practice these skills.

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Answer sheet for Activity 10

Person	Skill	How it would be
<p>Ian</p> 		
<p>Robert</p> 		
<p>Cassie</p> 		
<p>Inaya</p> 		

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Activity 11: Communication team setting

Topic area:	<input checked="" type="checkbox"/> 3: Effective communication in health and social care settings
Topics covered:	You will need:
★ 3.1: The importance of verbal communication skills (willingness to contribute to team working)	✓ Case Study 3
★ 3.3: The importance of active listening	

Task A

Read Case Study 3 about Cassie.

Working in small groups, imagine that you are the MASH team meeting to consider problems and how best to alleviate them. Bear in mind the main criteria for a successful meeting:

- ✓ Everyone should contribute to the discussion, and be encouraged to do so.
- ✓ Present your views clearly and logically.
- ✓ Explain your reasons for putting forward a particular argument.
- ✓ Listen to the other members of the team and respect their opinions, even if you do disagree, say why.

When the meeting is over, discuss how it went. Think in particular about whether you were able to come to any agreement on the best way forward. If you reached a 'wrong' outcome or agreement – the aim was to ensure that everyone involved was heard and to the meeting and present their own views clearly.

Task B

Now split into pairs, and role-play a conversation between the social worker and the young person. One person plays the part of the social worker and the other the young person. Remember the active listening skills needed to make 'Carla' feel comfortable. Discuss the following points:

- ✓ Having an open, relaxed posture
- ✓ Making eye contact
- ✓ Nodding agreement where appropriate
- ✓ Showing empathy
- ✓ Clarifying
- ✓ Summarising the main points

When you have finished the discussion, compare notes on how successful the 'social worker' was in using these skills, and how comfortable 'Carla' felt.



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Activity 12: Non-verbal communication

Topic area:	<input checked="" type="checkbox"/> 3: Effective communication in health and social care
Topics covered:	You will need:
★ 3.2: The importance of non-verbal communication skills	✓ The 'Emotion' slips provided

As the manager of Dunsbridge Care, you are in charge of Parkland Primary School's non-verbal communication skills. You are as important as verbal communication in supporting their needs.

These skills include:

- ✓ Eye contact
- ✓ Facial expression
- ✓ Gestures
- ✓ Positioning (space, height and personal space)
- ✓ Body language
- ✓ Sense of humour

Task A

Fold the 'Emotion' slips and put them in a container. Take it in turns to take a slip or feeling described on it to the rest of the group, using only the non-verbal method.



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'Emotion' slips for Activity 12, Task 1



Sympathy	Happiness
Annoyance	
Confidence	
Fear	Tiredness

Blank slips if you want to add more:

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Task B

Which of the skills from Task A would be appropriate for a Dunsbridge Care volunteer clients, and how? (For example, if you think gestures would be appropriate, what use, what should their facial expression show, etc.?)

Client	Appropriate skills
<p>An older woman who has just lost her husband and is in need of emotional support</p>	
<p>A wheelchair user who needs help applying for benefits</p>	
<p>A young man with mental health problems for whom the volunteer is acting as an advocate</p>	
<p>A man who lives alone and comes to Dunsbridge Care's 'coffee, chat and games' session for social contact</p>	

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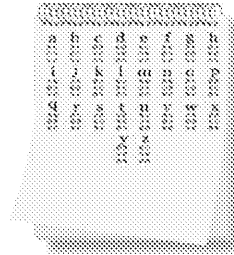


Activity 13: Special methods of communication

Topic area:	<input checked="" type="checkbox"/> 3: Effective communication in health and social care settings
Topics covered:	You will need:
★ 3.4: The importance of special methods of communication	✓ Presentations 2, 3 and 4 ✓ Case studies 1, 2 and 4

Sometimes special methods of communication are needed to cater for clients who include:

- Advocacy
- Braille
- British Sign Language
- Using interpreters
- Makaton
- Voice-activated software



Either individually or in pairs, do your own research into one of these methods – the type of client who is most likely to benefit from its use. Record your findings below of the group. (Read *Presentation 2* by the manager of Dunsbridge Care, *Presentation 3* by the manager of Greenfield Residential Home, *Presentation 4* by the practice manager of Queen's Hospital, *Study 1* about Ian, *Case Study 2* about Robert and *Case Study 4* about Inaya for examples of the methods in particular settings. Note, however, that these explanations do not cover all situations in which they may be used.)

Chosen method:

What is it?

How does it work?

Who will it benefit?

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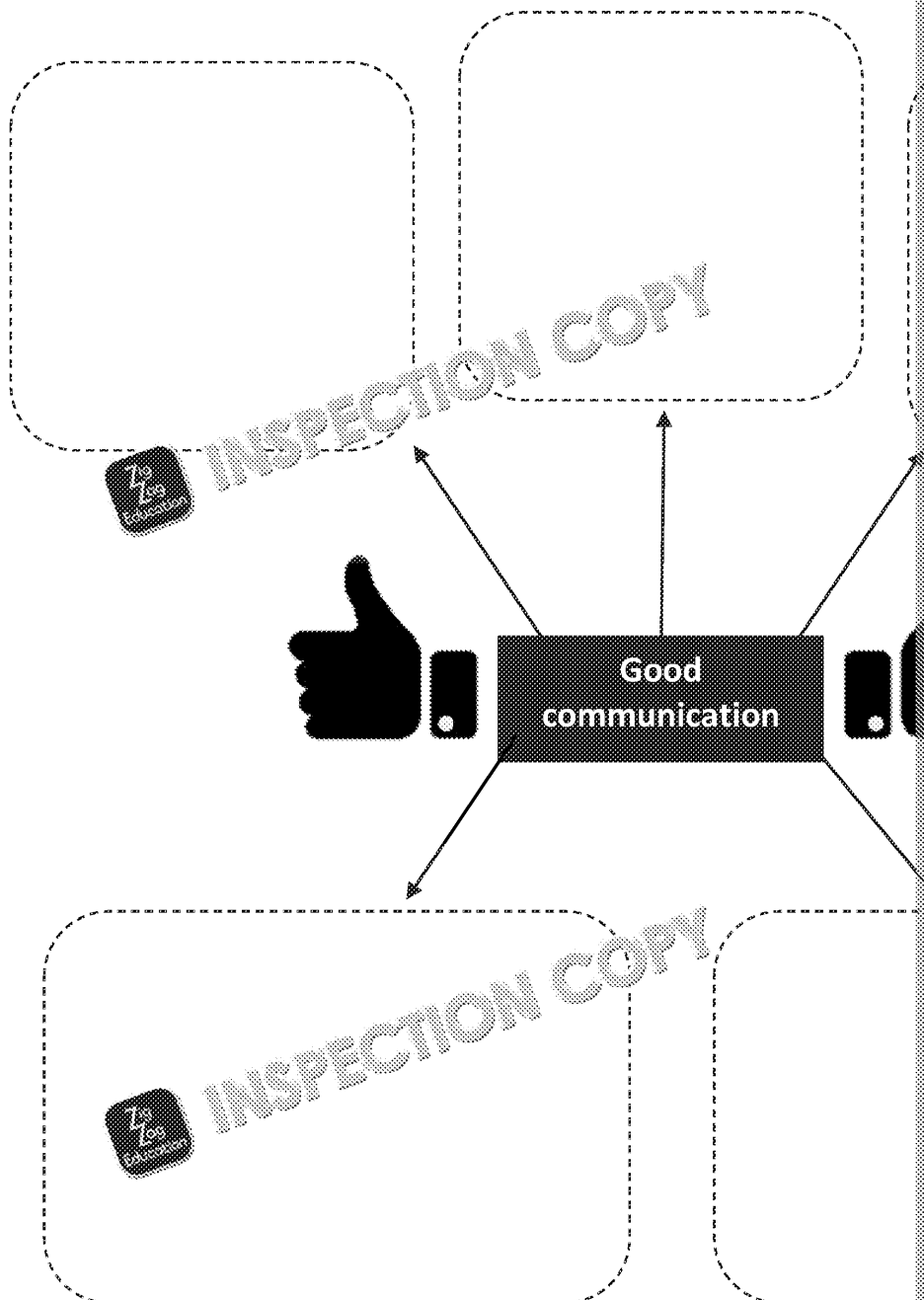


Activity 14: The impact of good and poor communication skills

Topic area:	<input checked="" type="checkbox"/> 3: Effective communication in health and social care
Topics covered:	You will need:
★ 3.5: The importance of effective communication	• Answer sheets provided

The way in which professionals communicate, both with clients and with each other, can have a significant impact on the extent to which clients feel empowered, reassured, valued and supported. Think of five ways in which good communication can benefit service users and five ways in which poor communication can adversely affect their health and wellbeing. Use your answers.

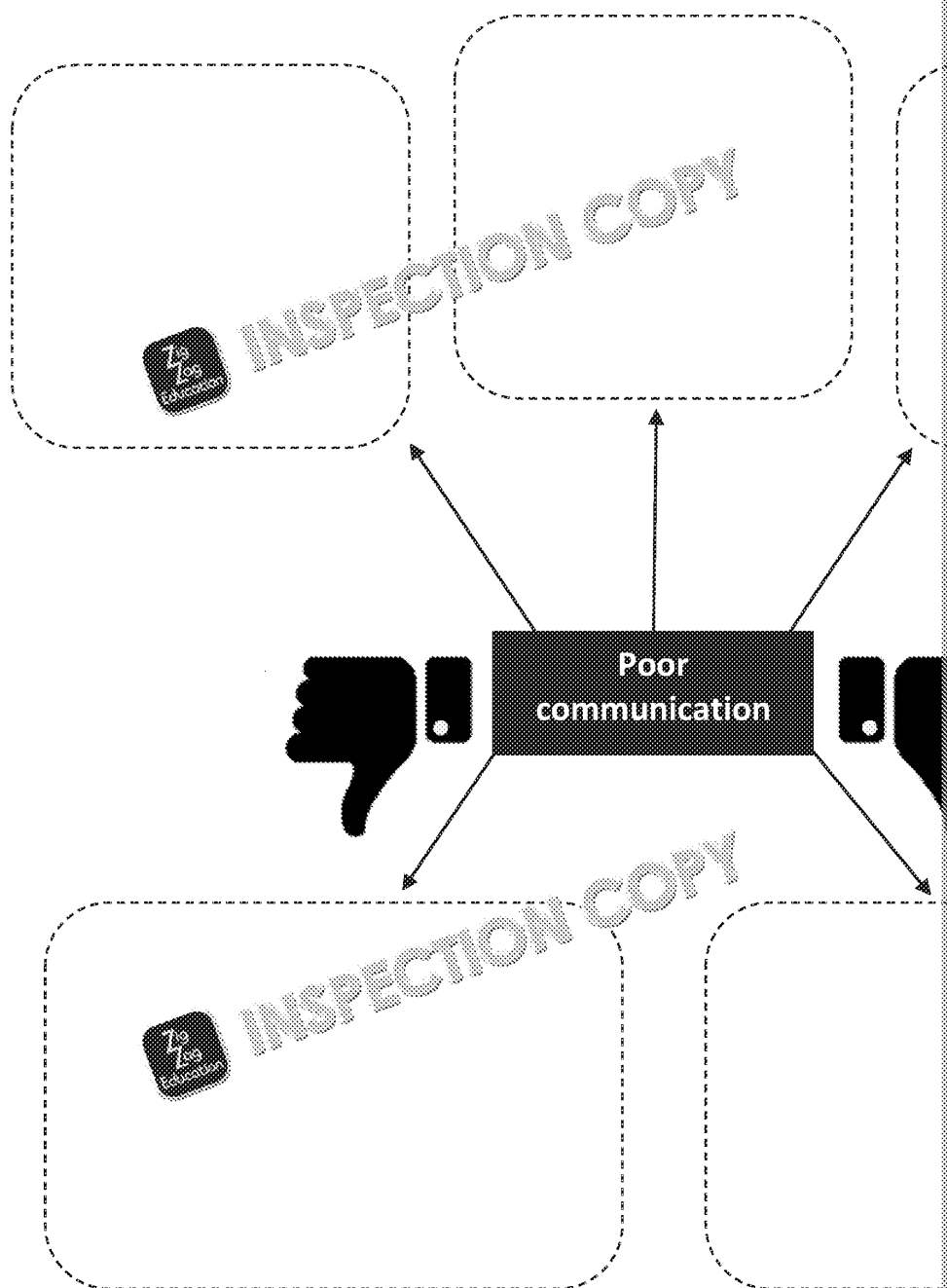
Benefits of good communication



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Adverse effects of poor communication



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Activity 15: Safeguarding vulnerable

Topic area:	<input checked="" type="checkbox"/> 4: Protecting service users and service providers
Topics covered:	You will need:
★ 4.1: Safeguarding (service users who need safeguarding, impact for service users of a lack of safeguarding)	<ul style="list-style-type: none"> ✓ All four case studies ✓ 'Client' sheets provided

Safeguarding means promoting the welfare of vulnerable people and keeping them vulnerable because of their disabilities, their age or their life circumstances.

Read:

- Case Study 1 about Ian
- Case Study 2 about Robert
- Case Study 3 about Cassie
- Case Study 4 about Inaya

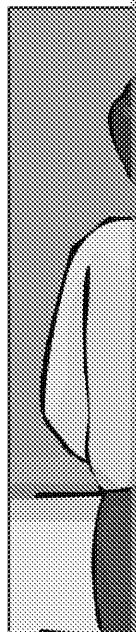
All four case studies refer to people who are vulnerable for some reason.

Print out the 'Client' sheets provided and pin them on a wall, or get into groups and place the sheets on a table in the middle of each group.

Consider the following in relation to each client:

- Why they need safeguarding
- Who is responsible for safeguarding (if any)
- What the physical, intellectual, emotional or social impact might be if they are not properly safeguarded (**Note:** not all clients will be impacted in all four areas – some may only be impacted in one or two)

Each member of the group in turn should write one point under one of the headings on taking it in turns until no one can think of any more points to consider.



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'Client' sheets for Activity 15

Why does he need safeguarding?

Who is responsible?

What will the impact be if he is not safeguarded?

Physical	Intellectual	Emotional

Why does he need safeguarding?

Who is responsible?

What will the impact be if he is not safeguarded?

Physical	Intellectual	Emotional

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Why does she need safeguarding?

Who is responsible?

What will the impact be if she is not safeguarded?

Physical	Intellectual	Emotional

Why does she need safeguarding?

Who is responsible?

What will the impact be if she is not safeguarded?

Physical	Intellectual	Emotional

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Activity 16: Safeguarding procedure

Topic area:	<input checked="" type="checkbox"/> 4: Protecting service users and service providers
Topics covered:	You will need:
★ 4.1: Safeguarding (safeguarding procedures in care settings, safeguarding training, Disclosure and Barring Service)	<input checked="" type="checkbox"/> Presentation 5 <input checked="" type="checkbox"/> The report from the <i>Dunsbridge</i>

Read:

- Presentation 5: The head of Parkland Primary School's nursery
- The report from the *Dunsbridge Gazette*

Task A

The head of Parkland Primary School's nursery says that she is the designated safeguarding officer. Do your own research into this role and write the requirements and responsibilities. If you have work experience in a care setting, you may like to ask the DSL of your setting how

DSL requirements and responsibilities



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Task B

Imagine that you are the DSL of an organisation. Think about how you would try to ensure that the failings identified by the Ofsted inspectors at Teddy Bears Nursery (as reported in the case study) do not occur in your organisation. (Again, if you have experience in a care setting, your DSL might be able to give you some pointers.)

Consider in particular how you would ensure that:

- Unsuitable people are excluded when recruiting new staff
- All existing staff are kept aware of their responsibilities in safeguarding the children

Write your ideas below.

What I would do...



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Task C

Disclosure and Barring Service (DBS) checks are a vital part of safeguarding. Do you know what a DBS check is, what it is used for, and the differences between basic checks, standard checks, enhanced checks? This website will help you: <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Basic check



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Standard check

Enhanced check

Barred list



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Which checks would you do if you were recruiting staff or volunteers for a care service?

Checks done for new staff



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Activity 17: Preventing infection

Topic area:	<input checked="" type="checkbox"/> 4: Protecting service users and service providers
Topics covered:	You will need:
★ 4.2: Infection prevention	✓ Presentations 1, 3 and 5 ✓ Preparation of coloured pencils

Task A

Read *Presentation 1* by the hospital matron, *Presentation 3* by the manager of Grange Residential Home and *Presentation 5* by the head of Parkland Primary School's nursery. All three emphasise cleanliness and personal hygiene in order to prevent infection in their settings.

Choose **one** of the three settings (hospital, residential home or nursery) and put on an information leaflet for staff, clients and visitors outlining the particular aspects of cleanliness and personal hygiene that are relevant to that setting.

Task B

The hospital matron makes a particular point of the need to use personal protective equipment (PPE). Do your own research and list as many items of PPE as you can (you can identify eight items).

Items of PPE
1.
2.
3.
4.
5.
6.
7.
8.

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Activity 18: Safety and security

Topic area:	<input checked="" type="checkbox"/> 4: Protecting service users and service providers
Topics covered:	You will need:
★ 4.3: All safety procedures and measures	✓ A die
★ 4.4: All security measures	✓ A set of game pieces
	✓ A game board provided

It is important that all care settings have the correct procedures in place, and apply them to keep their clients safe and secure. There is a difference between a procedure and a measure.

- A procedure is a process that needs to be followed, such as what to do in case of a fire concern.
- A measure is a particular action, such as identifying staff or displaying warning signs, such as a spill.

In small groups play the 'Residential home' game using the board provided.

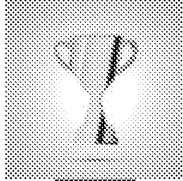

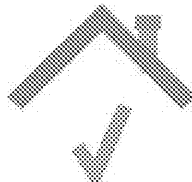

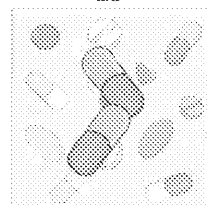
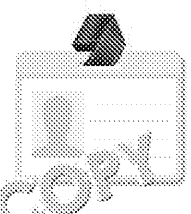
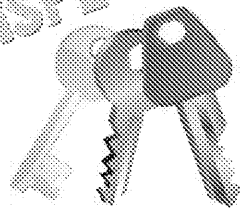
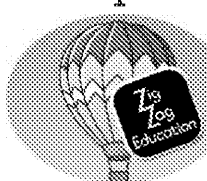
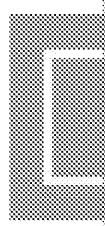
1. Each player in turn should throw the die and move the relevant number of spaces.
2. If they land on an 'instruction' square, they should:
 - Say whether the square describes a procedure or a measure.
 - Explain to the rest of the group what the implications of the statement are.
 - Follow the instruction, moving up or down to the next step as indicated.
 (The pictures are purely illustrative, and should be treated as blank squares.)
3. The first player to reach the finish is the winner. It is not necessary to throw the die again.



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Game board for Activity 1

<p>30</p>  <p>FINISH</p>	<p>29</p> <p>Risk assessments are not carried out for activities and outings.</p> <p><i>(Go back to Step 6)</i></p>		
<p>21</p>  <p>There is no system for monitoring who has keys for the medication store.</p> <p><i>(Go back to Step 12)</i></p>	<p>22</p> 	<p>23</p> <p>There are clear procedures for reporting safety concerns.</p> <p><i>(Go forward to Step 27)</i></p>	
<p>20</p> 	<p>19</p> 	<p>18</p> 	<p>17</p> <p>There is a sign at the front of the building for visitors and to sign in.</p> <p><i>(Go forward to Step 16)</i></p>
<p>11</p>  <p>Equipment is checked regularly to ensure it is safe and fit for use.</p> <p><i>(Go forward to Step 23)</i></p>		<p>13</p> <p>Staff wear ID lanyards.</p> <p><i>(Go forward to Step 18)</i></p>	<p>12</p> <p>There are no restrictions on visitors or restricted windows.</p> <p><i>(Go back to Step 11)</i></p>
<p>10</p>	<p>9</p> <p>There are regular fire drills and staff are aware of evacuation procedures.</p> <p><i>(Go forward to Step 20)</i></p>	<p>8</p>	<p>7</p> <p>There are no warning signs for wet floor hazards.</p> <p><i>(Go back to Step 6)</i></p>
<p>1</p>  <p>START</p>	<p>2</p> <p>Staff are trained in handling clients and the correct use of equipment.</p> <p><i>(Go forward to Step 16)</i></p>	<p>3</p>	

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Answers

Introduction Activity

The examples given here are just suggestions. Other examples are possible.

Term	Definition	
Advocacy	A system whereby someone can speak for a person who has problems communicating, especially with professionals	A carer speaking on behalf of a person with a learning disability
Body language	Communication using physical actions or gestures rather than words	Eye contact, intonation
Carer	The provision of anything that is necessary for a person's health and wellbeing	A GP with their clients
Choice	The ability to decide for oneself what course of action to take, to decide between two or more options	Choosing meals, choosing a professional, time
Commitment	Being dedicated to doing something thoroughly and to the best of one's ability	Carers ensuring a job is done to the highest standard, professionals
Communication	Passing on or exchanging information about a subject	Professionals explaining things, listening to clients
Compassion	Sympathy and concern for the suffering of others	A carer's relationship with a client, a professional's attitude
Competence	The ability to do a job or task efficiently	A GP giving a patient advice, a hospital matron
Confidentiality	Not sharing personal information about a client with others unnecessarily	Keeping records of a client's health, not sharing with others
Consultation	Discussing a course of action with a person	Considering the personal preferences of a client
Courage	A willingness to do something that frightens you or is risky because it is the right thing to do	'Whistle-blowing' about a problem, doing something difficult
DBS	Disclosure and Barring Service, a register of people who have criminal convictions or are deemed unsuitable for work with vulnerable groups	Checks on potential carers
Dignity	Being treated well and being respected	Knocking before entering a room, respecting someone's privacy
Empathy	The ability to understand and share the feelings of others	Listening to clients, supporting them
Empowerment	The ability to control one's own life	Clients being involved in decisions
Person-centred care	Care that is tailored to a person's individual needs and preferences	Choice of type and amount of care
PPE	Personal protective equipment, clothing and equipment used by health and care professionals to protect themselves from harm	Face masks, aprons
Risk assessment	An examination of those aspects of an activity that might cause harm, and what can be done to mitigate them	Assessment of a client's ability to go on an outing
Safeguarding	Actions and procedures that promote the welfare of vulnerable people and keep them safe from harm	Reporting concerns about a client, bullying, safety
Self-esteem	How one values oneself, how much one likes oneself	Thinking one is worthy
Self-reliance	The ability to do things and make decisions without needing others to help one	Living independently
Stress	A response to pressure, often when something unexpected happens, or one feels out of control of a situation	Feelings resulting from being overworked
Tone of voice	The way a person speaks, how they sound to the listener	Reassuring, sympathetic
Trust	A belief in the reliability or ability of another person	Trust that a carer will do the right thing, that a professional will

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Topic Area 1

Activity 1

Task A

Discussions may include (accept other suitable answers):

Hospital – healthcare setting

- *Choice*
 - Enabling patients to choose their own meals
 - Giving outpatients a choice of appointment time
 - Enabling patients to choose the name of the professional treating them
 - Where appropriate, enabling patients to choose between different types of treatment
- *Confidentiality*
 - Keeping patients' records secure
 - Not discussing patients' details with others unless necessary for their care
 - Not talking about patients in public or communal areas
- *Consultation*
 - Explaining what any treatment entails, and whether there are any disadvantages
 - Considering patients' views when deciding on the best treatment
- *Equal and fair treatment*
 - Ensuring that all patients are treated equally, bearing in mind that fairness involves treating people according to their needs, not necessarily being treated the same
 - Being aware of patients' cultural and social sensitivities, including diet
 - Having full access for disabled patients
- *Protection from abuse and harm*
 - Having procedures in place to prevent abuse by visitors (including family)
 - Ensuring that all staff are aware of the need to report any suspicions of abuse and that they will be protected from retaliation if they do
 - Reporting any signs of abuse in new patients to the relevant authorities
 - Ensuring that all employees are competent in their roles

Patient support group – social care setting

- *Choice*
 - Giving day centre clients a choice of activities
 - Enabling clients to choose which volunteer they would like to support them
 - Letting Robert choose how he wants them to help him
- *Confidentiality*
 - Keeping any client records secure
 - Ensuring that volunteers are aware of their responsibilities under data protection (not passing sensitive client information from their personal email accounts)
 - Not talking about clients with other volunteers unless necessary for their care
- *Consultation*
 - Explaining what any activity or suggested course of action entails
 - Advocating for Robert, but not speaking on his behalf or involving him in any decisions
 - Discussing communal activities with all those involved
- *Equal and fair treatment*
 - Treating all clients according to their needs and preferences, regardless of their background
 - Being aware of different social and cultural sensitivities
 - Ensuring that Robert's needs are catered for in the same way as everyone else's
- *Protection from abuse and harm*
 - Reporting any signs of abuse to the relevant authorities, particularly in the case of Robert
 - Ensuring that safety procedures are in place to prevent accidents and avoid other risks
 - Looking out for and preventing any abuse between clients

Residential home – social care setting

- *Choice*
 - Offering a choice of menus at meal times
 - Ensuring that Ian's preferences are taken into account
 - Offering a variety of social activities

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- **Confidentiality**
 - Keeping residents' records secure
 - Not discussing individuals' concerns or problems with other residents
 - Not discussing residents in communal areas
- **Consultation**
 - Discussing Ian's needs and preferences with him before he came to the home
 - Discussing any changes to a resident's routine with them before they are implemented
 - Ensuring that residents know that they can raise concerns or problems with staff
- **Equal and fair treatment**
 - Implementing the home's anti-discrimination policy
 - Treating all residents with respect and dignity
 - Taking account of how each resident's social and cultural sensitivities, including diet
 - Having signs and leaflets in large print and Braille so that those with a visual impairment can access them
 - Ensuring that all areas of the home can be accessed by disabled residents
- **Protection from abuse and harm**
 - Ensuring that all staff have training in safeguarding procedures
 - Ensuring that health and safety procedures are rigorously followed
 - All staff being aware that some features of the building that might be safe for children (e.g. stairs) can be a danger to elderly or confused residents
 - Preventing some residents from abusing others

Health centre – healthcare setting

- **Choice**
 - Offering different ways of making appointments and different types of consultation
 - Giving patients a choice of appointment times
 - Enabling patients to choose the gender of the professional treating them
 - Where appropriate, enabling patients to choose between different types of treatment
- **Confidentiality**
 - Keeping patients' records secure
 - Not discussing patients' details with others unless necessary for their care
 - Not talking about patients in public or communal areas
- **Consultation**
 - Explaining what any treatment entails, and if there are any disadvantages or side effects
 - Considering patients' views when deciding on the best treatment
 - Working to help patients maintain their independence
- **Equal and fair treatment**
 - Ensuring that all patients are treated equally, bearing in mind that fairness involves treating people differently according to their needs, not necessarily being treated the same
 - Being aware of patients' cultural and social sensitivities
 - Having signs and leaflets in Braille for visually impaired patients
 - Having access for disabled patients
- **Protection from abuse and harm**
 - Ensuring that all staff are aware of the need to report any suspicions of abuse and that they will be protected from retaliation if they do
 - Reporting any signs of abuse in patients to the relevant authorities
 - Ensuring that all employees are competent in their roles

Nursery – social care setting

- **Choice**
 - Giving children a choice of activities (within a range, since the activities are designed to meet the needs of all)
 - Enabling parents to choose between different session times
- **Confidentiality**
 - Keeping records secure
 - Not discussing children's progress or problems with anyone other than the parents
 - Not discussing children in public or communal areas
- **Equal and fair treatment**
 - Ensuring that children from a wide range of cultural, religious and social backgrounds are included
 - Celebrating festivals and customs of all the children
 - Communicating with different children in language and ways they can understand (e.g. using picture language development)

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Task B

Your answers might include:

Healthcare settings

- Dental practice
- Hospital
- Nursing home
- Optician
- Pharmacy
- Walk-in health centre

Social care settings

- Day centre
- Community centre
- Food bank
- Homeless shelter
- Social care department

Activity 2

Your answers might include:

Health centre

- Providing the option to book appointments online to avoid having to spend time on the phone.
 - Allowing patients to choose between face-to-face and telephone consultations so that patients can choose what suits them best (e.g. if they can't get to the health centre and may be able to be dealt with more quickly).
 - Providing signs and leaflets in Braille so that visually impaired patients can find their way to the health centre as easily as sighted clients.
- Putting up posters and printing leaflets that outline the services they provide and how to access them (e.g. on the health centre's website or the same online). Also giving patients the option to request the information in another format (e.g. audio or video).

Inaya

- Including her in games and extra-curricular activities at school, according to her own interests.
- Taking her autism into account when communicating with her, using terms she can understand and not requiring a simple yes/no answer.
- Providing her with a 'quiet card' so that she can leave classes if she begins to feel frustrated or overwhelmed and she can calm down.
- Involving her in consultations with her parents about her progress, involving her in decisions about her care and expressing her own preferences.

Activity 3**Self-esteem**

- Ian feels less isolated now that he is going to Dunsbridge Care's sessions, which helps him feel better about himself.
- Dunsbridge Care support workers see themselves as partners in Robert's care, treating him with respect and dignity.
- Now that the nursery has stopped Cassie being bullied, she takes part in more activities and is more confident in the class.
- Ian is able to communicate with Lee using British Sign Language, which makes him feel more included.

Needs met

- The residential home staff ensure that Ian takes his medication at the right time.
- Ian is eating a much healthier diet now that he is having his meals prepared for him.
- Robert's social worker arranges for a regular health assessment so that he can receive any necessary treatment.
- The MASH team have considered what Cassie needs in terms of care and safeguarding.

Trust

- Cassie feels secure and safe at the nursery, trusting the staff to ensure that she is not harmed.
- The nursery staff use appropriate language with Cassie, and she now feels confident to express her needs.
- After talking to the manager of Greenfield, Ian is confident that his independence will be respected.
- When they are advocating for him, Robert feels confident that the Dunsbridge Care staff have his best interests at heart.

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Activity 4

There are many possible arguments, but your answers might include the following. Note conclusions, and the suggestions provided are only a few of the many possibilities.

Question 1

- *Arguments in favour*
 - The system helps students to manage their issues and regulate their behaviour.
 - It avoids possible disruption to the rest of the class.
 - It protects vulnerable students from further isolation.
- *Arguments against*
 - It may be misused – students may use the cards even when they are not feeling unwell.
 - It is unfair to students who do not have 'exit cards'.
 - It is used to bullying, as the card exposes their vulnerability.
- *Possible conclusions:*
 - The use of the cards is a good way of helping certain pupils, and any possible problems are covered by school policies and procedures.
 - The cards may serve a useful purpose, but their use would need to be strictly monitored to ensure that they are used as they should be.
 - The cards are divisive, and the disadvantages outweigh the advantages. Other options should be explored.

Question 2

- *Arguments in favour*
 - If Robert is not helped, his frustration at not being able to communicate with people could affect his mental health.
 - Some service providers may not have very good procedures for working with people with communication difficulties.
 - The Dunsbridge Care volunteers know the system and know what Robert's rights are.
- *Arguments against*
 - Many service providers have their own robust procedures for helping people with communication difficulties. Dunsbridge Care's involvement just creates duplication of effort at a time when resources are stretched.
 - In their desire to help Robert, the Dunsbridge Care volunteers may ask for more work for the professionals.
- *Possible conclusions:*
 - Robert should have Dunsbridge Care advocate for him, and service providers should agree to this to happen, including allowing for any extra work it might entail.
 - Service providers do not have unlimited resources, and if they spend a lot of time on one client, who do not have an advocate, may suffer.
 - Dunsbridge Care should examine their relationship with service providers and intermediaries than as advocates (not always possible with large organisations).

Question 3

- *Reasonable restrictions*
 - Restricting the type of professional who deals with the patient – for example, a doctor to treat them, even though the patient might choose to be seen by a doctor.
 - Restricting the ward the patient is accommodated in, as certain wards may be more suitable.
 - Restricting meal choices to perhaps three or four, as it would be impossible to cater for all.
- *Unreasonable restrictions*
 - Not giving patients a choice of a male or female practitioner (assuming that there are both genders on the staff).
 - Not offering them a single-sex ward if the hospital is big enough to have them.
 - Not offering halal, kosher or vegetarian options or catering for allergies.
- *Possible conclusions*
 - The hospital may need to impose what may initially seem to be unreasonable restrictions. For example, if the hospital has a suitable female professional but the patient is male, it may be necessary for the patient to be seen in the first instance by a male colleague.
 - Any restrictions should be based on medical or practical (not just convenient) grounds and clearly explained to patients.

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Question 4

- *Arguments in favour of excluding him*
 - His behaviour infringes on other children's right to protection from abuse or harm.
 - It is difficult for staff to manage his behaviour while still caring for the other children.
 - He may thrive better in a different setting, perhaps being helped on a one-to-one basis.
- *Arguments against excluding him*
 - Exclusion could affect his wellbeing and his development.
 - Staff should be trained to manage his behaviour and develop his communication skills (e.g. like Cassie).
 - Being cared for on a one-to-one basis will not help his social development.
- *Possible conclusions*
 - When faced with a conflict between the rights of an individual and those of the group, staff should make a judgement, so he should be excluded.
 - Because of the effect on his development he should not be excluded, and any exclusion should be in accordance with the nursery's other strategies.
 - Every effort should be made to allow him to remain, and in discussion with his parents to help him manage his behaviour.

Question 5

- *Arguments in favour*
 - Volunteers can't help clients effectively unless they have some information on their needs.
 - Dunsbridge Care has its own safeguarding procedures to ensure that clients' rights are protected.
 - Clients can be asked to agree to relevant information being shared.
- *Arguments against*
 - Volunteers don't have the same rigorous training in confidentiality as professional service providers, perhaps inadvertently.
 - Professional service providers have very strict protocols regarding what information can be shared and under what circumstances. There may not be the same strict protocols in place for volunteers.
 - Clients' agreement may not always be an informed choice.
- *Possible conclusions*
 - If volunteers are to help clients, they must be able to share information in certain circumstances.
 - Because volunteers do not have the same rigorous training in data protection and confidentiality as professional service providers, they should not be given access to clients' confidential information. If clients want to share information, they should do so themselves.
 - Provided that volunteers undergo regular and stringent confidentiality training, they should be able to share information. It might be advisable for a written agreement to ensure that the client's consent is informed and provided in writing.

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Topic Area 2

Activity 5

Task A

Value not being applied	Why Ofsted concluded it was not being applied
Respect	<ul style="list-style-type: none"> There was 'a lack of respect for the children'. If they cried, they were told to 'stop' and a flannel and wipe their face.
Individuality	<ul style="list-style-type: none"> There was 'little attention paid to their individual needs'. No account was taken of their individual learning needs when planning.
Rights	<ul style="list-style-type: none"> Their right to equal and fair treatment was not met, as staff did not establish caring bonds with them. Their right to protection from abuse and harm was not met, as staff did not receive appropriate training.

Task B

There are several possible answers; the following are just suggestions.

Ian

- Individuality**
 - Ensure that staff ask him what his particular needs and preferences are with respect to his diet.
 - Enable him to make his own friends and establish his own routine.
- Choice**
 - Give him a choice of menu at meal times.
 - Enable him to choose which Dunsbridge Care activities he wants to take part in.
- Rights**
 - Consult him about his care before he moves to Greenfield Residential Home.
 - Work in partnership with him to plan his diet.
- Independence**
 - Only help him if he needs it and agrees.
 - Give him as much freedom as possible in terms of moving about the home, going to school and taking part in Dunsbridge Care.
- Privacy**
 - Give him his own room, and only enter it at his invitation.
 - Do not intrude if he has a visitor or makes it clear he wants to be alone.
- Dignity**
 - Always knock before entering his room.
 - Do not talk to him about his condition or medication in front of other residents.
- Respect**
 - Do not be rude to him, even if he seems to be being unduly difficult.
 - Respect his opinions and preferences, even if you disagree with them.
- Partnership**
 - Consult him about his care and any changes to his routine you think may be needed.
 - Discuss any problems he may have with his care or his medication.
- Encouraging decision-making of service user**
 - Support him in making his own decisions about his diet, his care or his life generally.
 - Avoid making a decision on his behalf, simply asking him if he agrees.

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Robert

- *Individuality*
 - Arrange accommodation in a home for people with mental health issues.
 - Use a method of communication that is appropriate for his learning difficulties.
- *Choice*
 - Help him to choose his accommodation.
 - Offer him a choice of activities at Dunsbridge Care.
- *Rights*
 - Protect him from abuse by other hostel residents.
 - Ensure that he is treated fairly by advocating for him in dealing with officials.
- *Independence*
 - Advocate and arrange appointments for him, but encourage him to do as much as possible for himself.
 - Arrange accommodation that supports him while still enabling him to live as independently as possible.
- *Privacy*
 - Ensure that his living arrangements are such that he has some space he can call his own.
 - Provide a secluded place where staff and volunteers can discuss his problems with him.
- *Dignity*
 - Don't talk down to him or patronise him just because he has learning difficulties.
 - Include him in activities with other clients so that he doesn't feel excluded.
- *Respect*
 - Be polite to him, even if you become frustrated because of his hearing and other difficulties.
 - Listen to what he has to say, even when communication is difficult.
- *Partnership*
 - Involve him in any decisions about his care.
 - Discuss what he wants you to say before advocating for him.
- *Encouraging decision-making of service user*
 - Support him in making informed decisions where he is able to do so.
 - Don't make decisions for him unless it is obvious that they are about things he is unable to do.

Cassie

- *Individuality*
 - Ensure that her learning arrangements suit her individual needs.
 - Discuss with the appropriate professionals the appropriate care package for her given her circumstances.
- *Choice*
 - Encourage her to choose what activities she wants to take part in at the nursery.
 - Give her a choice of nutritious meals for her school lunch.
- *Rights*
 - Protect her from abuse by other children as a result of her poor communication skills.
 - Treat her fairly – don't discriminate against her because of her poor social development.
- *Independence*
 - Discourage her from relying too much on her mother or other adults to decide for her.
 - Encourage her to learn or play independently where this is appropriate.
- *Privacy*
 - Ensure that she is able to use the toilet privately while still making sure that she is safe.
 - Don't talk about her problems at home in front of other children or parents.
- *Dignity*
 - Include her in communal activities so that she feels valued.
 - Use communication methods that are appropriate to her level of development.
- *Respect*
 - If she is unhappy, comfort her rather than ignore her.
 - Listen to what she has to say, and respond appropriately.
- *Partnership*
 - Include Carla in discussions about Cassie's welfare and take her views into account.
 - Include Cassie in any class discussion so that she is an equal participant.
- *Encouraging decision-making of service user*
 - Support Carla in making her own decisions about Cassie's care outside the nursery.
 - Encourage Cassie to make her own decisions about her conduct and learning.

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Inaya

- **Individuality**
 - Tailor the support she receives from staff to her particular needs, rather than to her condition.
 - Give her a flexible timetable to accommodate periods when her stress and frustration are high.
- **Choice**
 - Allow her to choose to leave a class if she becomes agitated.
 - Give her a choice of extra-curricular activities to participate in.
- **Rights**
 - Protect her from abuse as a result of her autism.
 - Treat her fairly by making adjustments to her learning as necessary for her well-being.
- **Independence**
 - Give her the opportunity to work independently when she becomes stressed.
 - Do not allow the support and care she needs to hamper her ability to operate independently.
- **Privacy**
 - Allow her to go somewhere private to be quiet while she copes with her stress.
 - Discourage gossip or speculation about her condition.
- **Dignity**
 - Allow her to use her 'exit card' to leave the class so as to maintain her dignity.
 - Include her in communal activities so that she doesn't feel isolated.
- **Respect**
 - Communicate with her in ways that make her feel comfortable.
 - Respect her opinions alongside those of her peers.
- **Partnership**
 - Involve her parents in her care and learning.
 - Support her in managing her condition.
- **Encouraging decision-making of service user**
 - Encourage her to make appropriate decisions about how she interacts with others.
 - Enable her to decide for herself when she needs to leave a class.

Activity 6

Your answers might include the following:

Care

- Ensuring that he receives the correct care for his condition, in terms of medication, diet and exercise.
- Being consistent in his care, e.g. ensuring that he does the exercises prescribed by the doctor consistently.

Compassion

- Dealing with his frustration and depression in an empathetic, understanding manner.
- Helping him overcome his embarrassment in public.

Competence

- Ensuring that the care is effective and is best for him (given that people's experiences of autism, vary from person to person).
- Referring him to competent and qualified professionals to help him with his various needs.

Communication

- Involving him in planning his care.
- Listening to him to establish exactly what his needs are.

Courage

- Speaking to her when his wife suggests visiting her 'healer' (there is currently no cure for autism).

Commitment

- Working with him, his family and other professionals to improve his life.
- Showing that everyone involved is there for him in the long term, despite his angry outbursts.

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Activity 7

You will have considered a number of benefits. The following are suggestions for some of

Benefits for service providers

- It enables good practice to be shared, as explicitly indicated by the hospital matron at Dunsbridge Care and the head of Parkland Primary School's nursery.
- It ensures that all staff/volunteers know what is expected of them. Clear guidelines set the standards expected.
- It provides job satisfaction, and the providers can know that they are making a difference.
- It supports the practitioner in their role to maintain the clients' rights, especially to life.
- It helps staff/volunteers to improve their caring skills, either informally or through the hospital manager, the practice manager of Queen's Road Health Centre and the head of the nursery.

Benefits for service users

- It maintains or improves their quality of life – in Ian's case by maintaining his independence and in Inaya's cases by improving their wellbeing.
- It empowers them by enabling them to develop their strengths, as shown in Robert's case.
- It makes them comfortable with the advice and help they are being given, so that they can accept it.
- It improves the quality of care they receive, as shown by the improvement in Robert's case when person-centred values were applied.
- It ensures that the care clients receive is consistent and standardised, which is particularly important for Inaya.

Activity 8

Your answers might include:

Physical

- *Ian*
 - Pain or discomfort if his medication is not given at the right time
 - Impact on emotional wellbeing – depression and frustration
 - Physical problems caused by poor diet
 - Impact on emotional wellbeing – depression and frustration
- *Robert*
 - Decline in his mental health
 - Impact on intellectual wellbeing – less chance of developing his mental skills
 - Impact on emotional wellbeing – depression and stress
 - Impact on social wellbeing – less chance of developing social skills
- *Cassie*
 - Physical neglect, leading to poor hygiene, possible malnutrition or dehydration
 - Impact on intellectual wellbeing – lack of adequate nutrition has been shown to affect concentration and thus their intellectual development

Intellectual

- *Ian*
 - Lack of mental stimulation
 - Impact on physical wellbeing – possible mental health problems (it has been shown that lack of physical exercise affects one's physical health), so lack of mental stimulation
 - Impact on emotional wellbeing – depression
- *Cassie*
 - Poor development of intellectual skills
 - Impact on social wellbeing – social exclusion
- *Inaya*
 - Lack of progress in her school work – not achieving her full potential
 - Impact on emotional wellbeing – frustration and stress
 - Impact on her social wellbeing – becoming withdrawn

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Emotional

- *Robert*
 - Depression and stress
 - Impact on physical wellbeing – resorting to alcohol, leading to physical problems
 - Impact on social wellbeing – loneliness
- *Cassie*
 - Feelings of upset and uncertainty owing to being neglected and Carla's inconsistency with her
 - Impact on intellectual wellbeing – poor concentration
 - Impact on social wellbeing – becoming withdrawn
- *Inaya*
 - Anger and frustration due to her communication problems
 - Struggles with schoolwork, feels overwhelmed
 - Low self-esteem
 - Impact on intellectual wellbeing – inability to concentrate
 - Impact on social wellbeing – feeling excluded, poor social skills

Social

- *Ian*
 - Lack of social interaction, leading to loneliness
 - Possible impact on intellectual wellbeing if he misses the mental stimulus
 - Impact on emotional wellbeing – depression
- *Robert*
 - Social exclusion
 - Possible impact on physical wellbeing – physical abuse, deterioration in health
 - Impact on emotional wellbeing – depression, feelings of inadequacy
- *Cassie*
 - Exclusion from games and activities
 - Poor social skills
 - Becoming withdrawn
 - Impact on intellectual wellbeing – makes for poor intellectual development
 - Impact on emotional wellbeing – low self-esteem
- *Inaya*
 - Social exclusion
 - Poor social skills
 - Impact on emotional wellbeing – anger and frustration, depression

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Topic Area 3

Activity 9

Your discussions might include the fact that clear communication can:

- Avoid misunderstandings and mistakes
- Build trust
- Get things done faster and more easily
- As a result ensure that better decisions are made

Activity 10

Some of the skills, especially empathy, patience and tone, might be appropriate for all four ones that are likely to be equally applicable to the people mentioned, although you might

Ian

- Empathy. It will show that you understand his reluctance to go into the home, while
- Tone. A sympathetic yet confident tone will show understanding while reassuring him of his independence and dignity.

Robert

- Patience. Because of his mental health problems and learning difficulties, he will need your patience.
- Using appropriate vocabulary. Because of his learning difficulties, you will need to use simple words.
- Tone. A sympathetic tone will reassure him that you have his best interests at heart.
- Volume. You will need to ensure that you speak loudly enough, given his partial deafness.
- Pace. Speaking slowly will make it easier for him to understand what you are saying.

Cassie

- Empathy. It will show that you understand her feelings of frustration and confusion.
- Patience. Because her social and intellectual skills are poorly developed, she will need your patience saying and articulate a response.
- Using appropriate vocabulary. She is only 14 and her intellectual development is poor, so simple words and expressions will help her understand.
- Pace. It will be important to stop from time to time (and possibly recap) to ensure that she has understood before moving on.

Inaya

- Patience. Giving her time to formulate what she wants to say will enable her to express her views. It is important if she becomes withdrawn and non-verbal.
- Using appropriate vocabulary. It is important to speak simply and avoid open questions if she is agitated.
- Tone. A calm tone will help to ensure that she does not become agitated.
- Volume. It is important not to raise your voice, as that could lead to a confrontation.

Activity 11

Task A

As indicated in the activity, there is no 'right' outcome, but you might judge the meeting to have been successful if:

- Everyone took part
- Disagreements were resolved amicably, with no member of the group feeling that their views had been dismissed out of hand.
- An agreement was reached that everyone felt reasonably satisfied with.

Task B

Again, there is no 'right' outcome. If 'Carla' felt that the 'social worker' was sympathetic and explained things clearly, then the discussion was a success.

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Activity 12

Task B

There are no right or wrong answers, but the following are some suggestions.

Client	Appropriate skills
An older woman who has just lost her husband and is in need of emotional support	<ul style="list-style-type: none"> • Eye contact • Facial expression – sympathy • Gestures – holding her hand, perhaps stroking her • Positioning – sitting close to her • Body language – no crossed arms or legs, body turned towards her
A wheelchair user who needs help with their bag	<ul style="list-style-type: none"> • Eye contact • Facial expression – confidence, competence • Gestures – perhaps using hands to make particular points • Positioning – sitting at the same level as the client, not sitting in front of them, not invading their personal space • Body language – no crossed arms or legs
A young man with mental health problems for whom the volunteer is acting as an advocate	<ul style="list-style-type: none"> • Eye contact, but probably not constant, as some people can feel threatened if they think they are being stared at • Facial expression – confidence, competence • Gestures – using hands to make particular points • Positioning – not invading his personal space; sitting so he doesn't feel threatened • Body language – no crossed arms or legs, body in front of him
A man who lives alone and comes to Dunsbridge Care's 'coffee, chat and games' sessions for social contact	<ul style="list-style-type: none"> • Eye contact • Facial expression – cheerful, inviting • Positioning – following his lead in terms of personal space (if the client seems to need comforting) • Body language – open • Sense of humour – depending on the situation, to make him feel at ease

Activity 13

Your findings might include the following.

Advocacy

- *What is it?*
 - A system whereby someone can speak on behalf of a person who finds it difficult to speak to officials.
- *How does it work?*
 - The advocate can be almost anyone – a friend, a family member, a member of the health care team, a prescriber, for example – who is trusted by the client and can understand their needs. The advocate accompanies the client to a meeting or speaks on their behalf on the telephone. The advocate speaks to the client to make sure that they are happy for the advocate to speak on their behalf.
- *Who will benefit?*
 - People with learning difficulties
 - People with mental health problems
 - People with social anxiety

Braille

- *What is it?*
 - A system of raised dots on a page or sign which can be read by passing a hand over the dots.
- *How does it work?*
 - Each group of dots represents a letter, a symbol or punctuation mark, so one can read without having to see what is written.
 - It has to be learned before the client can use it.
- *Who will benefit?*
 - People with a visual impairment

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British Sign Language

- *What is it?*
 - A means of communicating using only gestures, facial expressions and other body language.
- *How does it work?*
 - It enables people to communicate without the need for speech.
 - Both the 'signer' and the client have to learn to use it like any other language (a minority language).
- *Who will benefit?*
 - The deaf / hearing impaired

Using interpreters

- *What is it?*
 - Employing people who are fluent in more than one language.
- *How does it work?*
 - An interpreter who is fluent in both English and the client's language translates what is said without taking any part in the conversation themselves.
 - The interpreter can be a family member, friend or colleague of the client, or a professional.
- *Who will it benefit?*
 - People with a limited command of English

Makaton

- *What is it?*
 - A program that uses symbols and signs as well as speech to help people communicate.
- *How does it work?*
 - The client can overcome speech or other communication difficulties by using the program.
 - Both parties to the conversation have to learn how to use the program.
- *Who will it benefit?*
 - Some people with autism
 - People with cleft palate
 - Some people with Down's syndrome
 - Other people with disorders that affect their ability to communicate

Voice-activated software

- *What is it?*
 - Computer software that responds to a person's vocal commands or questions.
- *How does it work?*
 - A person speaks to a device, which turns their spoken words into type.
- *Who will it benefit?*
 - The main beneficiaries are health and care professionals, who can receive a written conversation, or who can speak a report instead of having to type it out, which saves time.
 - However, it can also benefit clients who have problems with hand coordination (e.g. physical disorders), who are unable to access online information by typing.

Activity 14

Your answers might include some of the following:

Good communication

- It ensures that the client's rights are protected.
- The client is well informed.
- Through active listening, the client feels valued and respected.
- Using appropriate vocabulary aids understanding.
- It provides reassurance that the professional is competent and has the client's best interests at heart.
- Within the setting, it ensures that clear records are kept so that the client's health and safety are maintained.
- Good communication between professionals ensures that all the client's needs are met.

Poor communication

- It can lead to misunderstandings.
- Within a setting, poor record-keeping could endanger the client's health and well-being.
- The client can become frustrated if they are unable to understand what is being communicated.
- It could give the impression of being patronising, making the client feel they are not being taken seriously.
- Speaking too quickly could mean the client cannot take in everything that is being said.
- Poor communication between professionals could result in potential problems being overlooked.
- The client could doubt the professional's competence.

Accept other suitable answers.

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Topic Area 4

Activity 15

Your answers might include the following:

Ian's friend Lee

- *Why does he need safeguarding?*
 - He is deaf
 - He is in a residential home, dependent on carers.
- *Who is responsible?*
 - The staff at Greenfield Residential Home
- *What will the impact be if he is not safeguarded?*
 - Physical
 - He could injure himself if the staff are not competent in using equipment.
 - He could become ill if he is not given the right medication at the right time.
 - He could suffer malnutrition if he is not given an adequate nutritious diet.
 - Emotional
 - He could become frustrated if staff do not make an effort to communicate.
 - He could feel that he is not being respected if staff patronise him because of his disability.
 - He could experience a loss of independence.
 - Social
 - He could feel isolated because he cannot hear what is going on around him.

Robert

- *Why does he need safeguarding?*
 - He is homeless
 - He has mental health problems
- *Who is responsible?*
 - His social worker
 - The manager of his accommodation, when it is provided
 - Dunsbridge Care
- *What will the impact be if he is not safeguarded?*
 - Physical
 - He is likely to get ill because he is sleeping rough.
 - He will be suffering from cold because he is living in the open.
 - His personal hygiene will suffer because he does not have easy access to a shower.
 - He is likely to be malnourished.
 - His drinking is likely to lead to other health problems.
 - Intellectual
 - His mental health will deteriorate further.
 - Emotional
 - The abuse he suffers will make him depressed.
 - He will have low self-esteem.
 - His inability to access the services he needs because of his mental health.
 - Social
 - He will feel excluded from society.
 - He will not be protected from abuse and bullying.

Cassie

- *Why does she need safeguarding?*
 - She is a small child
 - Her home circumstances leave her open to neglect
- *Who is responsible?*
 - Carla
 - Carla's social worker
 - The nursery team
 - The staff at the nursery
- *What will the impact be if she is not safeguarded?*
 - Physical
 - She could suffer health problems through being neglected at home.
 - She is not being fed regularly or nutritiously, which could lead to malnutrition.

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- Intellectual
 - Because of her home circumstances, her intellectual development is behind.
 - Her communication skills are poor, which means she lacks concentration.
- Emotional
 - She will feel upset and uncertain because of Carla's neglect and inconsistency.
 - Being bullied at nursery would also make her feel upset.
- Social
 - Her poor social skills make social interaction difficult.
 - She will feel excluded if she is not included in the other children's games.
 - She will become withdrawn.

Inaya

- *Why does Inaya need safeguarding?*
 - She has learning difficulties.
- *Who is responsible?*
 - Her parents.
 - The staff at Dunsbridge Academy.
- *What will the impact be if she is not safeguarded?*
 - Intellectual
 - Because of her communication problems and learning difficulties, she will not reach her potential.
 - Emotional
 - Her communication problems will make her frustrated and angry.
 - She will become stressed when she feels overwhelmed.
 - She will have low self-esteem.
 - Social
 - She will feel socially excluded.
 - Her poor social skills will make her withdrawn.

Activity 16

Task A

Your answers are likely to include:

- Coordinating the implementation of safeguarding policies and procedures.
- Advising senior managers on the organisation's approach to safeguarding.
- Regularly reviewing the safeguarding plan.
- Investigating any safeguarding concerns reported to the organisation.
- Arranging training of staff and volunteers in safeguarding procedures and supporting them.
- Liaising with outside agencies such as children's services, adult social services or the police in relation to safeguarding concerns (including, in schools, taking part in MASH meetings).

The role is essentially the same, whether the setting caters for children or adults, although if you are doing work experience, the DSL of your organisation may add other requirements.

Task B

Things you might consider include:

- Having Disclosure and Barring Service checks done on all applicants for employment.
- Arranging safeguarding training as part of the induction process for new staff.
- Arranging training sessions for all staff on a regular basis to ensure that they are kept up to date on safeguarding and their duty to report concerns.
- Ensuring that staff know the procedure for reporting any concerns, and to whom to report them.
- Perhaps displaying the safeguarding policy and procedures and the name of the DSL in a prominent, readable format in a common room.
- Ensuring that there is another named person to whom staff can report concerns if the DSL is unavailable.

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Task C**Basic check**

- Shows unspent criminal convictions and conditional cautions (after a certain period spent and won't appear on a basic check).

Standard check

- Shows both spent and unspent convictions and cautions.

Enhanced check

- Shows spent and unspent convictions and cautions, as well any other information that is relevant.

Barred list

- Shows if the person is on the list of people barred from working with vulnerable children.

Checks done for new staff

- Enhanced checks should be done for people working with children and vulnerable adults and on the barred list.

Activity 17**Task A**

Your leaflet might include the following:

Hospital

- Tying back long hair, or covering it
- Covering open wounds
- Removing jewellery while examining patients
- Not wearing nail polish
- Showering and washing hair regularly
- Wearing protective clothing where appropriate
- Washing hands regularly and using hand sanitiser, especially before and after examining patients
- Using and disposing of antiseptic wipes, medication packaging and other disposable items correctly
- Cleaning surfaces with anti-bacterial spray
- Cleaning and disinfecting toilets regularly
- Disposing of hazardous waste correctly

Residential home

- Tying back long hair
- Covering open wounds
- Removing jewellery as appropriate
- Not wearing nail polish
- Wearing protective clothing where appropriate (e.g. disposable gloves and aprons)
- Washing hands regularly and ensuring that clients do so as well (possibly also visitors)
- Using hand sanitiser
- Showering and washing hair regularly (staff and clients)
- Brushing teeth regularly (staff and clients)
- Using and disposing of antiseptic wipes appropriately
- Cleaning floors daily
- Cleaning surfaces with anti-bacterial spray
- Disposing of hazardous waste correctly
- Cleaning and disinfecting toilets regularly

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Nursery

- Tying back long hair
- Covering open wounds
- Removing jewellery as appropriate
- Wearing protective clothing when dealing with accidents or illness (e.g. disposable aprons)
- Using hand sanitiser after dealing with accidents or illness
- Ensuring the children wear suitable clothing for any outdoor activities (e.g. overalls)
- Washing hands regularly and ensuring that the children do so as well, especially before eating
- Using and disposing of tissues and antiseptic wipes appropriately
- Cleaning toys and play equipment regularly
- Cleaning floors daily
- Cleaning and disinfecting surfaces regularly
- Cleaning surfaces with anti-bacterial spray

Task B

- Disposable aprons
- Disposable gloves
- Rubber gloves
- Face masks
- Helmets or hygienic caps
- Overalls
- Overshoes
- Scrubs

Activity 18

For instruction squares, students should identify if it is a procedure or a measure and then the statement might be:

- Step 2. Procedure. Training ensures that clients are moved or handled with the minimum risk, so there is little likelihood of an accident occurring through mishandling of equipment.
- Step 5. Procedure. A good first-aid policy and training of staff ensures that minor injuries are dealt with efficiently until professional help arrives.
- Step 7. Measure. Warning signs (e.g. no entry / wet floor) make people aware of potential accidents.
- Step 9. Procedure. Regular drills ensure that everyone is aware of what to do in the event of a real emergency arising.
- Step 11. Procedure. If equipment is not checked regularly to ensure that it is still safe, then it could fail and a client could be injured.
- Step 13. Measure. Anyone not wearing the correct ID can be identified as a visitor or intruder, preventing them from accessing certain areas or carrying out certain activities.
- Step 14. Measure. Locks or restraints prevent residents from accidentally falling out of windows or getting into the home.
- Step 17. Measure. These measures ensure that people cannot just walk in and that staff can always know who is in the building at any time.
- Step 21. Procedure. Without a list of keyholders and a procedure for monitoring the list, missing, and unauthorised people could gain access to medicines and other hazardous substances.
- Step 23. Procedure. A system is needed to enable staff to raise their concerns so that management can take the necessary action to address them.
- Step 26. Procedure. Without a system for recording when medication is given and when it is not, a client to be given their medication twice, or for a dose to be missed, which could be harmful.
- Step 29. Procedure. Staff involved in activities or outings need to be aware of the needs of the group or to particular individuals, so that what measures they might need to take to manage any risks.

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Why does he need safeguarding?

Who is responsible?



What will the impact be if he is not safeguarded?

Physical	Intellectual	Emotional

Why does he need safeguarding?

Who is responsible?



What will the impact be if he is not safeguarded?

Physical	Intellectual	Emotional

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Why does she need safeguarding?

Who is responsible?



What will the impact be if she is not safeguarded?

Physical	Intellectual	Emotional

Why does she need safeguarding?



Who is responsible?

What will the impact be if she is not safeguarded?

Physical	Intellectual	Emotional

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