



Course Companion

for OCR L3 (AAQ) Cambridge Advanced
National: Health and Social Care

Unit F092: Person-centred approach to care

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Teacher's Introduction

This is a course companion for **Unit F092: Person-centred approach to care**, part of OCR's Level 3 Alternative Academic Qualification (AAQ): Cambridge Advanced National in Health and Social Care. The aim of this resource is to guide students through the core content of the unit, providing them with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them to succeed in the assessment for this unit.

Remember!
Always check the exam board website for new information, including changes to the specification and sample assessment material.

For clarity and ease of use, the content of this course companion matches the order of the specification points.

The content is structured as follows against the unit's content. Please note that Topic Area 3 is covered before Topic Area 2 to match the order of coverage in the assignment, as Task 1 in the assignment covers Topic Areas 1 and 3.

Chapter (Topic Area)	Sections (Teaching Content)
Topic Area 1: Taking a person-centred approach	1.1 Current context of the person-centred approach
	1.2 What a person-centred approach is
	1.3 Independence and rights
	1.4 Benefits of a person-centred approach
	1.5 Methods used to ensure a person-centred approach
Topic Area 3: Communication skills needed to offer person-centred care	3.1 Verbal communication skills
	3.2 Non-verbal communication skills
	3.4 Written communication skills in health and social care
	3.3 Factors which enhance/inhibit communication
Topic Area 2: Meeting needs and providing support in a person-centred way	2.1 Types of impairment
	2.2 Impact of an impairment on an individual's daily life
	2.3 Understanding care and support needs arising from impairment
	2.4 Addressing care and support needs

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

Keywords: used to draw students' attention to various keywords throughout the unit.

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

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

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

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

Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework. Please note that applied activities are optional and not all of them need to be completed; please assess which activities are most appropriate to fit into the Guided Learning Hours for the unit.

Also throughout are:

Formative discussion questions

To encourage students to apply theory. Teachers can direct students to respond individually, in pairs, in small groups, or as part of a whole-class activity. This approach allows teachers to provide feedback and support students' preparation for assessments.

At the end of each section (see table above) there are also **two sets of questions:**

- Checking my understanding:** multiple-choice, objective-test and short-answer questions to recap students' knowledge of the specification content.
- Developing my skills:** short-answer and scenario-based questions and activities to reinforce students' knowledge, deepen their understanding, and provide practice in their skills for the assignment.

Mark schemes and answers are provided to support self- and peer-marking.



A web page containing all the links listed in this resource is conveniently provided on ZigZag Education's website at zzed.uk/13000. You may find this helpful for accessing the websites rather than typing in each URL.

September 2025

Topic Area 1:

Taking a person-centred approach

Nearly 70 years ago, the NHS was established to provide free healthcare for everyone in the UK. At the time, there was a 'doctor knows best' culture, where patients were less likely to ask questions.

Today, a lot has changed. People have more expectations about how they are treated and about what happens to them. The Internet has given people with information at their fingertips – and this knowledge matters. Knowledge is power, because the more people know, the better able they are to make good decisions about their care.

Giving people the information and choice they need to have control over their care is called a person-centred approach. People are in charge of their own **wellbeing**. Laws and legislation are used in health and social care to guide care providers to practise care in this way.

This unit concerns both health and social care needs.

Healthcare needs relate to the treatment, management, and prevention of a condition. **Social care** needs relate to everyday living, being independent, social functioning, and protection from vulnerable situations. Most healthcare is provided by the NHS for free, whereas social care is provided by local authorities and sometimes has a cost.

Did you know? The Chancellor of the Exchequer, William Pitt the Younger, wrote in 1793, 'Ipsa scientia potestis esse victores' – 'knowledge itself can be your ally'.

1.1: Current context of the person-centred approach

Did you know? Person-centred care has been around for a long time. Over 2,000 years ago, the ancient Greek philosopher and doctor Hippocrates said, 'it is more important to know what sort of person has a disease than to know what sort of disease a person has'.



In practice, person-centred care is not always at the heart of health and social care. Fortunately, more and more care providers are using person-centred care to guide the care that is provided to service users or victims of crime.

Person-centred care has been shown to improve patient **outcomes** and make care more effective. Because of this, health and social care providers have made plans to change the way they provide person-centred care.

There are legal requirements that health and social care providers must follow. **The Care Act 2014**¹ provides the knowledge needed for practitioners to deliver person-centred care. Specifically, this means people receiving care should:

- ✓ be able to have unique care needs met
- ✓ be treated with dignity, kindness and respect
- ✓ be able to make their own decisions about their care
- ✓ be supported to build their confidence and independence
- ✓ be supported to prevent worsening conditions/situations developing
- ✓ be allowed to appoint someone to be their voice if needed (**advocate**)
- ✓ be provided with choices about how they live their life

Applied activity: Why is the Care Act important? Discuss with your group.

¹ <https://www.legislation.gov.uk/ukpga/2014/23>

The 6Cs

The 6Cs can be thought of as the 'how to' of person-centred care. They are a set of values that guide care providers on how to interact with the public and patients. They ensure that care received is high quality, consistent and **compassionate**. As covered in Unit F090, the 6Cs are care, compassion, competence, communication, courage and commitment.

Did you know?
Care were created so that nurses give better care in all kinds of care settings and people in a kind of care.

All professional staff that work with the public are expected to use the 6Cs. The values focus on the needs of the individual and that the care they receive is respectful to them.

Compassion
Person-centred care focuses on the individual's needs and preferences.

The 6Cs of care: what they mean and how they look in person-centred practice

The 6Cs	What it means	Practical examples
Care	Providing care that is tailored to people's unique needs.	<ul style="list-style-type: none"> Taking assessments of individual's unique needs. Treating people with respect. Creating person-centred care plans that reflect individuals' preferences.
Compassion	Treating people with empathy, kindness and respect. Considering their dignity.	<ul style="list-style-type: none"> Noticing when a person is overwhelmed, or distressed. Offering warmth and support during distressing procedures.
Competence	Being able to understand an individual's needs and make good judgements about their care. This includes clinical knowledge, decision-making and continuous improvement.	<ul style="list-style-type: none"> Staying up to date with clinical knowledge. Giving medication when it is needed. Monitoring symptoms and responding appropriately.
Communication	Being able to listen and share information based on a person's needs and preferences. It should be clear, timely, and adapted to the individual's needs.	<ul style="list-style-type: none"> Using non-verbal communication to show care. Taking notes on a person's needs and preferences. Using simple terms that people understand. Keeping patients informed about their care.
Courage	Standing up for what is right, even when it is a difficult thing to do. This includes acting in the best interest of the person, even under pressure.	<ul style="list-style-type: none"> Speaking up for a patient when that is unsafe. Challenging poor practice.
Commitment	Providing care that goes beyond the basics. This is an ongoing dedication to improvement and high standards of care.	<ul style="list-style-type: none"> Supporting patients to improve their quality of life. Providing opportunities for feedback and improvement of care.

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Did you know?
The 6Cs are a set of values that guide care providers on how to interact with the public and patients. They ensure that care received is high quality, consistent and compassionate.

Case study

Michael is a 50-year-old man who has recently lost weight without trying. He's been feeling very tired, constantly thirsty, and has had repeated urinary tract infections. After encouragement from his family, Michael books an appointment with his local GP.

During the visit, the doctor listens and carries out a finger-prick test to check Michael's blood sugar. The result is very high. The doctor asks the **diabetes** nurse to see Michael. She looks at his results and is alarmed by how high his blood sugar levels are. They arrange medication to manage his blood sugar. The nurse teaches him how to use it. She asks Michael what information he needs to manage his care. She also invites him to join a local support group. The doctor arranges an appointment with a diabetes specialist at the local hospital.



Diabetes impacts blood sugar levels.

Applied activity: Read the case study above. Write a brief note about which of the six Cs you can see in the case study.



Research activity: Look at the definition of person-centred care. In your own words, write a definition of person-centred care.

Did you know? Person-centred care is a way of working. Person-centred values are the core principles that guide the approach.



Person-centred values of care

Every day, people think and act according to their values. Everyone has values – from their experience, childhood, faith, culture and education. In health and social care, values tell care providers how to treat the people they work with. Person-centred values of care are:

- ✓ **Individuality:** the care provided respects the unique preferences, values, and needs of each person receiving care.
- ✓ **Rights:** everybody has the right to be treated with respect and fairness.
- ✓ **Choice:** people should make decisions that are based on knowing what they want and the care options available.
- ✓ **Privacy:** everybody has the right to a private space and for their information to be kept safe.
- ✓ **Dignity:** care should support people to have self-worth and be respected.
- ✓ **Respect:** people should be treated with respect and kindness.
- ✓ **Independence:** people should be supported to do as much as possible for themselves.
- ✓ **Partnership:** people should work with care providers to plan their care plans.

The 6Cs guide practitioners to provide care in a way that is safe and respectful. They also encourage teamwork and good communication. These values tell care providers how to support people to be:

1. The focus of care
2. Treated with respect

This improves the quality of care because care is:

- ✓ high quality
- ✓ delivered at the right location
- ✓ provided at the right time
- ✓ carried out by the most suitable practitioner

Research activity: Write a note about highlighting how much care is provided to patients.

Go to www.zzed.uk/13000-person-centred-care. Write 3–4 bullet points to describe people's experiences of care delivered using person-centred care.

Go to www.zzed.uk/13000-person-centred-care

Applied activity: In your own words, write a definition of what the term 'values of person-centred care' means.

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Personalisation

People want to be involved in their care and make decisions about how to manage their care or circumstances. They want to be listened to, treated with respect, and be actively involved in their care planning.

Did you know? Long Term Plan² is for people in the need. Personalisation is growing for health services.

Personalisation means giving individuals power to make choices in their care. Health and care organisations are increasingly seeing that a one-size-fits-all approach does not work. Instead, they are working together to support people to take an active role in their care.

Personalised care planning puts people at the centre of their health journey. It means letting people decide what care and support looks like. This was reflected in the Care Act 2014³, which gives people more control and their own care budget. This legislation asks care workers to provide clear information and personalised advice to the people they care for. They also ask if people need someone to speak up for them (advocacy). This type of care allows individuals to make **informed choices**.

In personalised care, conversations between service users and providers are essential. Providers understand the individual's perspectives and be understood. This meets people's need. It helps people to create goals and actions together with care practitioners. When practitioners work together with the person, it helps people feel more confident to make good choices about their care. While the expertise of care providers is important, the person should be at the centre of decision-making.

Case study

Amina is a 32-year-old wheelchair user with complex health needs. She needs to attend an important hospital appointment, and under the Care Act 2014, she has a personal budget which allows her to choose how she is supported.

Amina uses some of her budget to pay for a personal assistant who will support her to the appointment. She speaks with her social worker who helps her plan the visit, and together they make sure that the extra support and transport to and from the appointment are arranged.

The care team makes sure Amina has a wheelchair-accessible vehicle. They contact the hospital ahead of time to make sure everything is accessible for Amina.



Applied activity: Research how you would Amina's care needs by letting them know their needs wheelchair access.

Applied activity: How would you feel about being able to have your own budget support for your care?

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² <https://www.longtermplan.nhs.uk/>
³ <https://www.legislation.gov.uk/ukpga/2014/23>

Role of a person-centred approach in achieving the delivery of care service

Person-centred care places people at the heart of their care, treating them with respect and as equal partners. The purpose of personalised care is to support people to be in control of their own health and wellbeing.

Did you know?
In Spain, people are known for their strong sense of community.

Health and social care systems provide information, skills, and empowerment to people to allow them to do this. This means recognising and encouraging people to build on their strengths and capabilities.

People want to be able to manage and improve their own health when possible. Good practice teaches care providers how to work with people and help them get more involved. Care providers are taught **best practice** and are expected to work in a person-centred way with everyone.

Good practice tailors care around people's needs, rights, and preferences. It is based on the belief that people can make their own decisions and know what is best for them. Every person is unique and should be treated as an individual. When care providers recognise people's strengths and abilities, support can be designed around their unique needs.

Did you know?
In the UK, care is often provided in a person-centred way. This means that care is tailored to the unique needs of each individual. They are encouraged to make their own decisions about their care.

How practitioners deliver good practice in person-centred care

Person-centred domain	Best practice
Individuality	<ul style="list-style-type: none"> ✓ Value each person's beliefs, values, preferences, and circumstances. ✓ Make care plans through co-production (see later section) based on the needs of each person. ✓ Understand the things that affect people, e.g. their support network.
Rights	<ul style="list-style-type: none"> ✓ Respect people's rights to make their own decisions. ✓ Give people the right to accept or decline care.
Choice	<ul style="list-style-type: none"> ✓ Help people to understand the pros and cons of each option and choose the best for them. ✓ Empower people to make decisions about their care and services, such as for meals, activities or treatment plans. ✓ Respect and support people's decisions.
Privacy	<ul style="list-style-type: none"> ✓ Protect people's privacy to build trust and support their independence. ✓ Keep personal information confidential (only shared when necessary).
Independence	<ul style="list-style-type: none"> ✓ Recognise each person's strengths and capabilities. ✓ Help people to take care of themselves where possible. ✓ Provide information, tools, or support to help people make their own choices.
Dignity	<ul style="list-style-type: none"> ✓ Treat people with sensitivity and respect. ✓ Act with sensitivity and honour each person's personal beliefs and values. ✓ Show people that they are valued for who they are.
Respect	<ul style="list-style-type: none"> ✓ Understand and think about each person's unique preferences and needs. ✓ Build a strong relationship based on honesty and respect. ✓ Make sure people feel heard, understood, and valued.
Teamwork / co-creation	<ul style="list-style-type: none"> ✓ Work with the person, their support people, and other health professionals. ✓ Make decisions together involving everyone equally. ✓ Make sure the person feels in control of their care and services.

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Go to [zzed.uk/13000](https://www.zzed.uk/13000)

Research activity: NHS England has produced a YouTube video series called 'Changing Young People's Lives Through Personalised Care'.
[zzed.uk/13000-personalised-care](https://www.zzed.uk/13000-personalised-care)

Watch **two to three** of these stories. Briefly describe how personalised care helps people.

Applied activity:
you might do as
these situations:

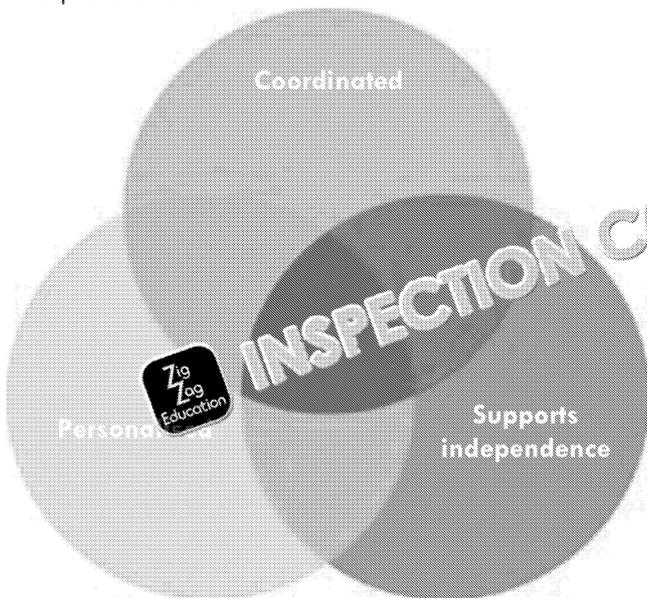
- Someone de
- A person ask
you cannot fo
example, pre
you know wil

Formative discussion question

1. How can you show respect for a person's values and preferences and care planning?
What ways could the 6Cs guide your approach when working with a chosen individual?

1.2: What a person-centred approach

A person-centred approach is a key part of delivering health and social care. It ensures the unique needs of everyone needing care. This involves considering people's values and preferences.



Person-centred care treats people with compassion, dignity and respect

This approach considers all people and makes sure that people feel involved in decisions that affect them.

- ✓ There are three main parts:
 - ✓ **Coordination:** care considers people's preferences.
 - ✓ **Personalisation:** care involves practitioners realising the needs of their families.
 - ✓ **Supporting independence:** people are supported to make their own choices and maintain as much independence as possible.

This approach supports care that is like from the individual. Care workers should be curious about people's needs without making assumptions. Care workers should know what is best for the individual.

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Understanding the balance: importance to vs importance for a person

Part of health and social care planning is to understand the balance needed between what is *important to* a person and what is *important for* a person. Both parts influence each other. By understanding the difference between them care provided can help people live more fulfilling lives.

Put simply, things that are *important to* a person are the things that bring them happiness, comfort, and a sense of purpose. This is the viewpoint of the person receiving care. It concerns what matters most to them, what they enjoy, value, and like.

Something which is *important for* a person relates to their wellbeing and social health. It is about their health, safety, and how they belong in society. This is more about what other people such as their family, caregivers, and society think is important for their health and social needs.

People will do things that are *important for* them, when part of them feels it is *important to* them.

Case study

Briana is an 8-year-old child who has to have her tonsils removed.

It is important for her health and in the long term for her to have what is important to Briana and has some control over what happens.

The hospital has made it more welcoming by having a children's ward. The ward is welcoming and bright. Before the care team talks to Briana before the operation they know what is happening and given the chance to ask questions and listened to, and she is reassured. Briana wants to give her a room with an external window to stay the night with her. This shows what is important to a person when receiving care can make the experience better.

Applied activity: Think about how you would find out about a person's likes/dislikes and support needs. Write 3-4 questions that you can ask to get this information.

Applied activity: Read the case study about Briana's care. Write a short story about what is important for and to Briana. Why is it important to know what is important for good care?



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Important for the person	Important for the person
<ul style="list-style-type: none"> • Health, safety, and belonging. • This is about being social and healthy. • What is important for a person includes the things they do when they are living the life they want, having friends, and feeling part of the community. • It also includes health conditions, e.g. allergies, epilepsy, mental health diagnosis, disabilities. • Examples of what matters for people include: <ul style="list-style-type: none"> ○ Living life the way they want to ○ Being able to form meaningful relationships ○ Being able to participate in community activities ○ Volunteering ○ Feeling like they belong 	<ul style="list-style-type: none"> • Voice, choice, and control. • This is about what people can do to make their lives better. • What is important for people is what can make them feel better. These can be activities, things, or people. These can be activities that are important to them. • It also includes health conditions, e.g. allergies, epilepsy, mental health diagnosis, disabilities. • Examples of what matters for people include: <ul style="list-style-type: none"> ○ Being treated with respect ○ Being able to make decisions about their life and care ○ Having more control over their values, beliefs, culture, lifestyle and choices

Case study

Emily is 16 years old. She has dysphagia and experiences anxiety. Dysphagia means she has difficulty swallowing and has a risk of choking on food or drink. She has a plan to help her eat and drink safely.

She enjoys horse riding, swimming, doing art, and listening to music. She has a best friend called Heidi and they go to the stables together every Saturday for a hack. Spending time with her best friend Heidi helps Emily relax.

When communicating, Emily prefers people to speak to her directly and clearly. Her favourite person is Dr Twigg at her local GP surgery. She likes her doctor because Emily trusts her and feels safe with her. She describes herself as creative and funny, and says she likes her doctor's office when feeling anxious. She likes to listen to music to help her calm down. So, she wears noise-cancelling headphones when she goes out in noisy places. Her favourite people in her life are her mum, her best friend, and her dog Gus. She has good school reports but struggles to be in school.



Applied activity: Emily's care

Based on the case study above, identify:

- What is important for Emily (e.g. for her social support, safety and health).
- What is important to Emily (e.g. for her sense of meaning and purpose, things she enjoys and loves).

Applied activity: In your own words, write a paragraph that briefly explains why it's important to understand both 'important to' and 'important for' when providing care.

Research activity: Find a boy who needs interlocking blocks. Visit zzed.uk/13000-eli. You can also find your own someone who needs interlocking blocks of a condition or injury.

- What do you notice?
- What did they say?

Write a few notes on a separate sheet of paper.

 Go to zzed.uk/13000-eli

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Defining roles and responsibilities

The roles and responsibilities of the individual and the health and social care provider may differ but are all important when creating good care. Health and care providers need accurate information about the people they are supporting. This knowledge is used to create a care plan that fits the person's wishes, lifestyle, and preferences. Other people like family, friends, and support workers may also be involved in this process.

Did you know? People often prefer to be involved in decisions about their care.

In care teams, it is vital for people to know their roles and responsibilities in order to work together effectively. The individual receiving care should always be at the centre of decisions. This means that their care should be planned and delivered in a way that is best for them.

Role	What this means	Responsibilities
Person receiving care	Their opinions and preferences are the most important.	<ul style="list-style-type: none"> ✓ To communicate their opinions, preferences and wishes. ✓ To make sure they have the information to make a choice or follow their care plan. ✓ To follow an agreed care plan or care plan that has been agreed with them. ✓ To be respectful to everyone in the care team.
Healthcare and social care practitioners	Providing care that benefits the people they serve, including roles such as doctors, nurses, and therapists.	<ul style="list-style-type: none"> ✓ To place the person at the heart of care. ✓ To listen and understand the person's needs and opinions. ✓ To involve the person in care decisions. ✓ To communicate clearly using words and pictures (see Topic Area 3). ✓ To offer information to people so they can make the best use of their available knowledge. ✓ To work with other professionals in a safe, effective and organised way. ✓ To make sure the people they work with are safe and well.
Friends, family, and carers	Supporting the person receiving care.	<ul style="list-style-type: none"> ✓ To support the person needing care in the way they need to. ✓ To check that the person understands what they need to. ✓ To respect the person's rights to make their own choices. ✓ To share concerns about the person with the care team. ✓ To speak for the person if they are unable to do so for themselves.
Health and social care organisations / managers	Health and social care services create a culture that places the person at the centre of care.	<ul style="list-style-type: none"> ✓ To create a culture that supports the person at the centre of care. ✓ To provide training and resources to staff. ✓ To welcome feedback and make improvements. ✓ To make sure they stay up to date with the latest research and practice. ✓ To know the rights of people receiving care.

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Applied activity: How do the roles and responsibilities of the person receiving care differ from those of a health care professional?

Applied activity: Why do you think it is important to include friends and family in care planning?

Research activity: Visit the Social Care Institute for Excellence website www.scie.org.uk/multidisciplinary-teams and visit www.zzed.uk/13000-multidisciplinary-teams. Write a brief paragraph about the importance of multidisciplinary roles working together.

Go to www.zzed.uk/13000-multidisciplinary-teams

Co-production

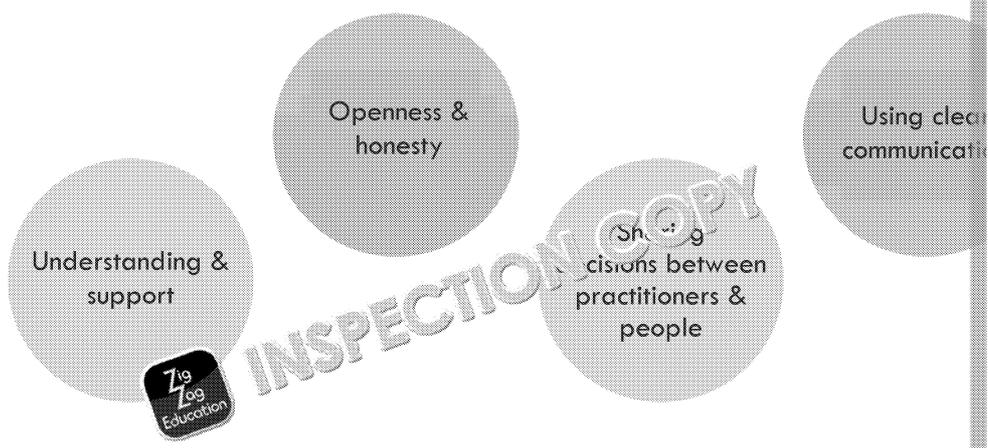
Earlier sections discussed the importance of placing people at the centre of their journey. **Co-production** is a way of working in partnership. The people who provide support, and those who use it, create a care plan together.

The concept was developed through the **Care Act 2014**⁴. This Act provides guidance for commissioners, and people who use social care. Co-production has also been employed by organisations like the NHS. This collaborative partnership acknowledges that people use public services.

Co-production can be challenging and complex because organisations need to make changes at every level to involve people in the process. These changes will let people who use the services shape what they look like. It means that people working in organisations might need to let go of control. But this is positive, because the people who use services get to control their own budget, in a way that works for them.

Did you know? Working with or together means to produce. Co-production means to produce together.

Co-production involves...



In health and social care, co-production is seen as the best way to improve care. To respect the people they serve, be clear and honest, co-create decisions, share power and resources.

Co-production offers several benefits, including:

- ✓ better outcomes for everyone
- ✓ more satisfied service users
- ✓ innovative approaches to care
- ✓ stronger teamwork

Applied activity: Using the text, imagine you have been asked to set up a meetup group for people with dementia. You know what people with dementia would like, but how would your group be helpful?

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Research activity: Watch the video from the Social Care Institute for Excellence on co-production. Scroll down the page to find [zzed.uk/13000-co-production](https://www.zzed.uk/13000-co-production)

Write a brief paragraph on the video. Think the main benefits of co-production are...



⁴ <https://www.legislation.gov.uk/ukpga/2014/23>

Applying person-centred values

There are five key person-centred values that guide the approach: dignity and respect, privacy, supporting an individual's independence and choice, and effective communication.

Dignity and respect	Teamwork	Privacy	Independence and choice
<p>People should be treated with respect for who they are. They should have their views heard. Care is planned around the whole person, and what matters to them.</p>	<p>People work in partnership with others. They set goals and plan actions together.</p>	<p>People should be supported to know their rights. Everything they share is confidential and kept private.</p>	<p>People should be supported to make choices for themselves. They should be involved in decisions about their treatment and care.</p>

In practice, a personalised approach means working together with the person receiving care to build a plan together. Care is not just about the problem they are experiencing.

- ✓ Finding out what really matters to them and planning care together.
- ✓ Treating them with respect and finding options that respect their preferences.
- ✓ Having honest conversations; and supporting other people, such as family and friends, to ensure the individual needs a voice.
- ✓ Writing down the key messages so the plan is clear, and people can look at it if things have happened.
- ✓ Seeing things from the person's point of view and making sure they are involved in decisions.
- ✓ Breaking goals down into small steps so they are easier to follow.

Applied activity: Imagine how you would apply person-centred values for a client. They want support to eat more healthily. Imagine you work together to create a plan together.

Write a few bullet points:

- What questions might you ask?
- Why are those questions important?

Did you know? Some people take new prescription drugs. They are often called antidepressants. Some people find that laughing can help with antidepressants.

Formative discussion questions

1. How can you balance what is important to and for someone receiving care?
2. How can care providers support people to have a voice, choice and control in the interview and planning process?

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⁵ <https://news.sky.com/story/comedy-on-prescription-trials-under-way-to-see-if-stand-up-can-be-an-anti-depressant>

Questions (1.1–1.2)

Checking my understanding:

1. Which of the 6Cs involves speaking up when you notice something wrong with care or treatment?
A. Care **B.** Compassion **C.** Communication
2. What does personalisation mean in health and social care?
3. How do you think someone might feel if they were included in their care decisions?
4. What is the difference between 'important to' and what is 'important'?
5. What is the difference between co-production?
6. Why do you think teamwork is important when trying to improve care?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

1. Think about your assessment and what questions you might ask to find out what is important for a person. The table below shows questions that might get information about what is important for a person. Read each question and decide whether you think it is important for the individual or what is important for the individual.

Question	Imp
A. What hobbies do you enjoy?	
B. Do you have any health concerns?	
C. Who are your favourite people?	
D. Do you need any adaptations to help you (e.g. hearing aids, like wearing headphones)?	
E. What makes you happy?	
F. What schools do you go to?	
G. What do you like to do in your spare time?	
H. What community groups do you belong to?	
I. Do you take any medications?	
J. What sort of music, books, or TV do you enjoy?	
K. Do you have any health conditions or diagnoses I need to know about?	
L. Do you need support with communication, such as an interpreter or a translator?	
M. Do you need support with daily activities, like bathing or eating?	
N. What do you look forward to in your week?	
O. What does a good day look like?	
P. Are there any religious or dietary preferences I need to be aware of?	

2. Decide whether each of the statements below is something that would typically be important for a person. Some may be both important for the person and important to the person.

Statement	Imp
A. Having a cup of tea in the garden each morning	
B. Taking medication on time	
C. Eating a vegetarian diet	
D. Being supported to manage their own finances	
E. Living in a home with accessible ramps and doors	
F. Being involved in decisions about their care	

Can you justify each to suggest why?

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1.3: Independence and rights

A person-centred approach makes sure that people receiving care are respected. It involves balancing support, safety and health needs with their desires and values. It respects and supports the choices of people they are working with. Part of this approach is to promote the rights of people to accept or decline support, and to promote their independence.

It is also important to understand how to include the most vulnerable members of society, especially those who may have difficulty accessing health and social care. Some people face **stigma** or mistrust of the health or social system. They might not have a home or be able to get to a support centre. By involving the community in planning of services, the lives of people in inclusion groups can be improved.



Stigma: when someone is treated unfairly because there is something different about them.



Inclusion groups

It is vital to consider inclusion in health and social care to ensure that everyone has access. Some people can be left out of health and social care because of complex factors; this can mean they do not get the care they need.

Some people have more problems getting the care that they need. They might be socially excluded from society. For these people, it can be hard to access services. They may have had bad experiences with services so they avoid care altogether, even when they really need it. As a result, people in these groups often have worse health and die younger than the general population.

For this reason, health and social care providers target care especially for people in these groups. These focused efforts are called **inclusion groups**. Inclusion groups can include:

- ✓ **Asylum seekers**, migrants, or **refugees** who need extra support
- ✓ People who are homeless
- ✓ Gypsy, Roma, and Traveller communities
- ✓ People who depend on drugs or alcohol
- ✓ People who've been in prison or involved with the justice system
- ✓ People who've been forced to work or controlled by others (modern slavery)
- ✓ People involved in sex work



Asylum seekers: people who have had to leave their home country and seek protection in another nation.

Inclusion: making sure everyone has access to services or can take part in something.

Inclusion groups: people who are excluded from services and society.

Refugee: a person who flees their country due to war or violence.

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People in inclusion groups are often left out of society for different reasons.

Common reasons include:

- ✓ being treated unfairly (discrimination and stigma)
- ✓ going through violence in the past
- ✓ experiencing **trauma**
- ✓ living in poverty
- ✓ being left out of health records and data

These factors mean that people in inclusion groups often have worse housing, poorer experiences with services and worse health compared to the general population. However, these **inclusion groups** can improve when health and social care focus on services that are for the most vulnerable, tailored to their needs.



Participation from community groups

Inclusion groups improve care because people in these communities are given opportunities to participate in health and social care planning. Person-centred care means designing care in a way that meets the needs of the people who need it. Inclusion groups feel empowered to use services when they are more accessible to inclusion groups and leads to better health outcomes for them.

Case study

Roma families in Leeds. In 2006, the Travellers Health Working Group commissioned researchers to improve the wellbeing of Roma families in Leeds. These families were mostly from Eastern Europe. They faced challenges such as poor housing, low-paid jobs, and health issues. The researchers studied the social and health needs and challenges of Roma people. They asked Roma people how they could help them live a better life. They found it was harder for them to access services because of language barriers and discrimination.

The study helped them understanding the Roma people's needs and make changes to service provision. By involving people in planning services, they became more inclusive, accessible and effective. This person-centred approach helped shape provision around unique needs. The overall outcome was improved health and wellbeing for Roma families.



Applied activity: Read the case study, above. In small groups discuss why you think the health and wellbeing of Roma people was improved when they were asked what they needed.

Research activity: The researchers studied the social and health needs and challenges of Roma people in prison to reduce health inequalities. zzed.uk/

Create a one-page A4 poster for people in prison to use. Use colour and images to make it meaningful and attractive. It should include:

- a title or slogan
- the purpose of the poster
- how they can express their views
- how the care mix can be improved

Applied activity: Read the case study, above. In small groups discuss why you think the health and wellbeing of Roma people was improved when they were asked what they needed.

Did you know? In the United Kingdom, the national census shows that the population of London increased by 1.5 million in the year that was due to World War II.



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Respecting individuals' rights to accept or decline support

A person-centred approach also understands that people have *the right to accept or decline support*. A person's right to refuse care falls under a principle called **autonomy**. Providers respect the individual's right to make their own decisions about how they live their life, and how they manage their health and care.

Every person has the right to make their own choices. A professional supports this by providing information and tools, offering encouragement, respecting individual decisions, and promoting independence.

People might decline care for a number of reasons:

- ✓ They have religious beliefs or preferences that do not align with the choices that are offered.
- ✓ They do not understand the importance of the care.
- ✓ They do not agree with the care options offered.
- ✓ They do not think they need the care.
- ✓ They think they cannot afford the care, or transport to and from the care.
- ✓ The care would make it harder for them to care for others or go to work, e.g. if they have to be in a wheelchair.
- ✓ They believe the impacts or side effects from care will be worse than what they are trying to avoid.

Supporting and encouraging decision-making

Decision-making should be supported and encouraged by health and social care professionals. They should help people make what's best for the people they support and give them the information they need to do so. *That information be given to the individual in a way that is accessible for them so they can understand it.*

Professionals must also make sure that nothing they do causes harm. All practitioners take steps to make sure no one is hurt by their actions. They also don't let their personal feelings or beliefs change how they care for people. They provide care to everyone they meet equally.

Did you know?
The Equality Act 2010 says that everyone has the right to be treated equally. This means that everyone has the right to be treated equally, no matter who they are or what they believe.

When someone declines care, providers take steps to understand if the person is making the decision.

Professionals assess whether a patient knows what they need to decline or accept support when:

- ✓ They have shown they understand the potential risks and benefits.
- ✓ They have shown clearly and consistently that they know their choice, without being influenced by others.
- ✓ They have described how their decision directly applies to them, rather than a general understanding.
- ✓ They have shown they understand the consequences of their decision and can explain why they want to decline care.

Everybody has the right to decide what care looks like for them, even if it means declining support.

Health and social care professionals must respect people's choices and take individuals' rights very seriously.

People also have a right to a private space when they have conversations with health and social staff. This means that they should *have access to a private room* that is away from other people. It is important that they have a space where they are safe to share personal information with a provider, where no one else can listen.

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They also have the *right to their personal information being kept private*. Health and care staff must follow strict rules about how information is recorded and stored. Records must be accurate and clearly reflect what was talked about and agreed. All information is **confidential**. This means it cannot be shared with anyone else unless the person gives permission.

Confidential information is kept private. It is not shared with other people unless you give permission.

Applied activity: Discuss in groups, why do you think it is important to have private spaces?

Applied activity: Why is it important to keep personal information confidential unless needed?

Research activity: Read this guide on responsibilities in care. zzed.uk/13000 Briefly answer the following:

- What should people do if the person is not safe?
- What would happen if someone was in hospital, but staff were worried about their safety?

Go to zzed.uk/13000

Support individuals to be as independent as possible

People need to be treated fairly and be supported to be **independent**. Because of improved healthcare, more people are surviving longer into adulthood who may otherwise have died in childhood. The UK population is also ageing because people are living longer. This means there are more people with complicated needs that require care.

Did you know? Life expectancy has increased significantly since 1950. People are now expected to live longer than ever before.

The Care Act 2014⁷ describes how to support people to be as independent as possible and live in their homes for longer. When people are more independent, they are less dependent on carers and professionals. It is important that people can live at home safely when they need it.

Independent living: People who are independent can do things for themselves and meet their own needs.

It is important that healthcare professionals *balance what is important for and to the person*. In this scenario, care providers and people needing care develop a mutual understanding of:

- ✓ their health and social wellbeing needs
- ✓ their values, preferences and beliefs

In health and social care, independence means people having total control over their life choices. Sometimes, however, people have complex care needs that might conflict with their independence. In this scenario, decisions might need to be made to keep them safe if they behave in a way that threatens their wellbeing.

An example is when someone with dementia symptoms stays at home rather than moving into a care home. However, if the symptoms worsen and the person is less able to think clearly, professionals and families may make decisions that keep them safe. Even when this happens, practitioners still need to promote independence. They do this by giving people control and involvement in their care when it is possible, and **appropriate**.

Appropriate: Given the person's needs and preferences.

Go to zzed.uk/13000

Applied activity: How would a care provider know they have the balance of what is important to, and important for, a person?

Research activity: Research developments in public health in the 21st century. zzed.uk/13000

In your own words, suggest ways to support people who need care to live independently.

⁶ <https://www.ssa.gov/OACT/TR/TR02/lr5A3-h.html>
⁷ <https://www.legislation.gov.uk/ukpga/2014/23>

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The importance of independence

Independence is important in health and social care for a variety of reasons. Most importantly, it improves the quality of life of people receiving care. People need the freedom to enjoy their lives, their friends, and feel a sense of connection and purpose.

Independence can improve quality of life by:

- ✓ improving confidence and self-esteem
- ✓ reducing the feeling that people are dependent on others
- ✓ lessening demand on health and social care services
- ✓ leading to better outcomes in the long term

Health and social care professionals can help promote independence by personalising care. This involves understanding what matters to the person, knowing their condition, and finding ways to support them as a unique individual. It is important to focus on the person's strengths, in a *person-centred approach*. Over time, this helps people to work together to manage a person's health and care. It also provides opportunities to make decisions when it makes sense. The focus of personalised care is on the person when planning for their day-to-day life.

Applied activity: Why do you think it is difficult to balance someone's independence when they have complex care needs?

- Can you think of an example?
- Discuss in small groups.

Research activity: Visit [supporting families website](https://www.supportingfamilies.org.uk/13000-audit) (www.supportingfamilies.org.uk/13000-audit) and read the report. In your own words, write down:

- How does person-centred care support independence?
- How does person-centred care support independence if someone needs support?

Formative discussion questions

1. Why are inclusion groups important in person-centred care?
2. How does supporting independence improve someone's care?

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1.4: Benefits of a person-centred

This approach means that professionals and people create a shared vision of care together. For health and social care to be effective, it must respect individual differences and different life experiences. Cultural and individual diversity can offer both opportunities and challenges when delivering care. There are many benefits to this, including better relationships, better outcomes and improved confidence and independence.

A diverse social care system that is **inclusive, flexible, and sensitive** to the needs of the people it serves. For instance, people from different cultural, ethnic and religious backgrounds may need care that is appropriate for them. Because of this, person-centred care is becoming more important. To be culturally sensitive, care practitioners look at how they provide care, identify what they can do better, and keep learning.

Flexibility
change

Inclusion
is treated
left out

Did you know
comes from
translates a
(factum). So
that does so

Benefits of a person-centred approach

There are many benefits to providing care based on the person. It's important to look at the point of view of the person receiving care so they *feel valued*.

The benefits of person-centred care are:

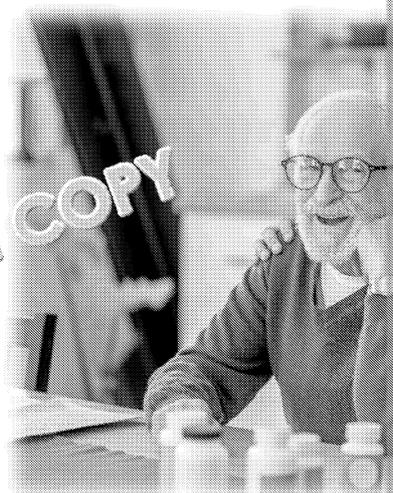
- ✓ **Helping people stay independent for as long as possible:** individuals are supported to make their own choices, which helps them keep their independence.
- ✓ **Improving overall wellbeing:** when care is shaped around an individual's values, it improves their physical, mental and emotional **wellbeing**.
- ✓ **Improving self-esteem and confidence:** people feel more confident when they are supported.
- ✓ **Promoting positive relationships:** when practitioners respect and understand people, it leads to mutual respect.
- ✓ **Creating better health and social care experiences:** a person-centred approach leads to better health and social care experiences for people needing care.

When people are treated with dignity, respect and compassion, it helps them to *increase their confidence when using other services*. This is important, because when care works well between different services the person can have care that supports their different needs.

Being able to manage their own care with support is a bit like learning a new skill. When people are supported to develop their skills and knowledge they can *boost their self-esteem and confidence*. Learning new skills can help people feel in control of their life and feel better about themselves. And when people adapt and learn new ways of coping, it can also *improve their wellbeing*.

Self
feel
and

Well
hap
or v



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Care can be thought of as a puzzle. To look at all the parts of a person's preferences, values, beliefs and opportunities.

Care also involves understanding and helping care for them. When they get the care they need, they live well.

A person-centred approach can also create better outcomes for care providers. A sense of achievement. The benefits include:

- ✓ **Better outcomes for everybody:** a person-centred approach is more positive for practitioners and the person needing care.
- ✓ **Improves the overall quality of care:** when practitioners understand and respect preferences, care is more compassionate and positive.
- ✓ **Provides high-quality care:** practitioners can follow best practice which helps them deliver care effectively.
- ✓ **Improves their confidence:** having easy access to shared information and support helps providers feel more confident dealing with challenges.
- ✓ **Improves communication:** stronger communication and relationships with the care team means there are fewer mistakes, and more opportunities for quality care.
- ✓ **Encourages respect for people's rights as a standard of care:** person-centred care, their rights, are kept at the centre of care, and are involved in decisions.

Did you know? The Act allowed 'infamous' respect'. Some have continued. Doctors follow patients in...

Applied activity: Discuss with a partner why do you think it matters that care providers enjoy working this way.

Applied activity: Why do you think care providers who provide care can't offer services, e.g. housing, transport...

Practitioners must be aware of their attitudes, communication styles, and behaviours to deliver high-quality care. They are responsible for the care they provide and determine the quality of care. Person-centred care is also more **ethical** because it provides care that is non-judgemental, fair, and respectful **relationships** because people feel heard and valued.

A person-centred approach means that people have a *better experience of health* everyone the same level of care, tailored to their needs. This enables people, even needs, to have more choice and control over their care.



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How person-centred care recognises diversity

All over the world, no two people are the same. People have different needs, abilities and preferences. There is no one-size-fits-all care plan that works for everyone. A person-centred approach helps to ensure that care respects differences.



- People can have different needs and preferences. This includes:
- ✓ culture
 - ✓ language
 - ✓ abilities
 - ✓ physical health
 - ✓ social needs
 - ✓ beliefs
 - ✓ preferences
 - ✓ religion
 - ✓ spirituality

Mobility
somebody

When care respects all the ways that people are unique, services can be developed to meet their needs. This may mean considering spiritual and religious beliefs such as giving people a special diet. It could be offering a different diet, or ensuring access for wheelchair users, for instance.

It is also vital that at every stage of care, people are comfortable. This means not being uncomfortable, or even in pain. Their wellbeing must come first, and no part of the care should cause any harm in any way.

Somebody with a disability may want to choose to remain in their own home to receive care. This would help them stay independent and improve their wellbeing. As an example, somebody with a disability might want to stay in their home because it is more comfortable. They would be able to be more independent because it is familiar and what they already know. This would help them feel more satisfied with their care.

Applied activity: Think about what you would do for care would help people. Discuss with your group.



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Case study

Nine years ago, 52-year-old Jane was diagnosed with **multiple sclerosis**. She uses a manual wheelchair and has a lift installed to help her get upstairs to her bedroom. However, she finds the lift uncomfortable and wants support to make some changes at home.

Multiple sclerosis is a common brain condition.

An occupational therapist (OT) visits Jane to assess her needs and look at ways to help her. Together, they decide that Jane would benefit from a motorised wheelchair and a ramp. This would be easier to use.

The OT speaks to the local authority's grant team to help get funding for the home adaptations team, and the local handyperson service work closely with her to make changes that are comfortable and better suited to her needs and preferences.

Research activity: Read the case study above, then create a short newspaper article celebrating the changes made to Jane's home.



Your article should include:

- A made-up interview with Jane.
- Quotes from the social care team, like the occupational therapist, a handyperson, or perhaps a friend or family member.
- How Jane felt about being included in the care plan.
- How the changes made Jane feel.
- Why you think it is important that Jane was involved in her own home plan.

Applied activity: Imagine you are going to talk about a health care plan with Jane. Write two scenarios. Read each one and discuss it with a partner.

- Scenario 1:** The care provider is going to happen. You don't get to ask questions, and they don't give you a choice.
- Scenario 2:** The care provider listens to what matters to you. They listen carefully and make the care plan together.

For each scenario, think about:

- What would you be thinking?
- How would you feel?
- What might you say?
- What would you do?

Working towards **equality** means that care providers take the time to really understand the people they are working with. Care providers need a deep understanding of a person's culture and how it is influenced by other factors like poverty, race, ethnicity, history, and social status. These factors can cause people to have different access to services and treatment. Professionals must actively make sure they give everyone the same opportunity for good care.



Equality means everyone gets the same treatment. **Inequality** means some people have more opportunities than others.

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Sometimes, people do not see the ways they might treat diverse people differently. To address these differences, care providers need to:

- ✓ always be willing to learn
- ✓ welcome feedback
- ✓ offer people compassion and respect
- ✓ treat everybody fairly

Some care providers may see that their knowledge and approach is limited and look to somebody better, even if this means referring to somebody else.

People need to feel understood and involved in their own care. *When people are heard, it boosts their overall wellbeing.* It can also make the care more effective for individual people that care for them, like their carers or family.

Being sensitive to different cultures makes sure people are treated fairly within a care setting. It means working to address **inequalities** which impact some people much more than others. It means working to address imbalances of power that can exist in the care setting. By being more inclusive and listening to people, people can be more trusting, feel more respected, and it encourages communication to work better, deliver care better, and provide more supportive relationships. Delivering person-centred care is challenging, but it is certainly worthy of everyone's continued effort.

Applied activity: In small groups, discuss why it is important to make sure care is equal.

Also share examples of what care that doesn't respect equality might look like.



Did you know? The first theory about equality is from the philosopher Plato, who said that people have unique strengths that benefit society when they are used.

The role of teamwork in care

Around the world, teamwork has been seen as an essential way of working to improve care to be person-centred around the needs of the individual. Everybody's input makes making professional care easier and more effective.

The Health and Social Care Act 2012⁸ describes how professionals can work in a person-centred way about ways professionals can work together and listen to what matters most to service users. Teams that work well look for ways to boost the strengths of everyone in the team. People in the team can vary, and may be from different professions, or one single professional group; they can also include peers and other support people. For individuals, their family or carers, practitioners, and colleagues **collaborate** to deliver person-centred care it can lead to many benefits.

How teamwork improves care

The intention of person-centred care is to deliver a service or treatment that is person-centred. A key part of this approach is **collaboration**. This means that health and social care professionals work with the person receiving care, as well as with other professionals when needed.

Effective teamwork in health and social care involves working together and valuing everyone's input. Everybody needs to work together and practitioners may need to learn new ways of working. It takes time and effort, but it is worth it in truly personalised care. Different services across different settings (e.g. housing, and education) work together to make sure people get the care that they need.

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⁸ <https://www.legislation.gov.uk/ukpga/2012/7/contents>



Person-centred care is based on good relationships. Teamwork can be between the practitioner and the person receiving care. It can also be between care colleagues, or between the practitioner and other practitioners.

When people work together there can be a variety of benefits, including:

- ✓ **Better communication:** people feel supported and know what is happening.
- ✓ **Greater satisfaction:** both for the person receiving care and for the team.
- ✓ **More consistent care:** the care is more organised and efficient.
- ✓ **More support for team members:** people help each other.
- ✓ **Higher quality care and safety:** people checking other people's work to prevent mistakes.
- ✓ **More understanding of different roles:** everyone has a better understanding of different roles and how each person contributes.
- ✓ **More respect:** everyone can understand different people's opinions and needs.
- ✓ **A friendly and more supportive team:** people feel safer to share opinions and ideas.

Applied activity: Discuss how family and practitioners work together. Explain why teamwork is important.

Research activity: Research a diabetic care team. Write a report. In your own words, write down:

- Why you think diabetes care is needed.
- How they can best support people with diabetes.

Formative discussion questions

1. How does a person-centred approach support people's well-being?
2. How does teamwork support the care planning in person-centred care?



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Questions (1.3–1.4)

Checking my understanding:

1. How can people's rights to accept or decline support be respected in health and social care?
2. How can stigma or mistrust affect someone's willingness to seek help from health and social care services?
3. Why is it important to take into account an individual's preferences, lifestyle, and beliefs when providing care and support?
4. How would feeling more independent improve someone's wellbeing?
5. How can care providers support people from different cultural or religious backgrounds?

Developing my skills:

Scenario

Marcus is a 17-year-old student. He has been struggling with anxiety. He finds that when he is at college his anxiety is worse. At home, he has lots of support. He would like more help to manage his anxiety. His college has a school counsellor who is trialling a new type of therapy tool for anxiety. The counsellor asks him for some information to read about the tool. He is keen to try it. She asks him if he would like to be part of a case study. She says he would fill in an assessment form describing how the anxiety is impacting him again once he has tried the tool with her over three sessions. The form asks for some of his needs to decide if he wants to be his counsellor's case study.

This means it's important that Marcus understands his rights. He will need to:

- be given information so he can understand what being a case study means
- know how his information will be used
- know he does not have to take part in the case study if he doesn't want to
- know how the counsellor will still use the tool with his counsellor even if he doesn't agree to be part of the case study

Imagine you are the school counsellor.

Read the case study above and then answer the following questions to complete the assignment.

1. How will you make sure Marcus understands that he has a choice to say yes or no?
2. How will you gain written permission from Marcus before you include any of his information in the case study?

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1.5: Methods used to ensure a person-centred approach

Practitioners gather information to make a care plan for each individual needing care and support that a person needs to improve their day-to-day life. It is updated when needed. A person-centred approach uses various tools to support these conversations. Care practitioners use templates to capture information and these are often referred to as person-centred tools. The tools are a set of resources developed through thoughtful consideration.



These tools improve communication and help gather the right information:

- ✓ **What matters:** finding out what matters to the person and recording it to share with others.
- ✓ **Understanding circumstance:** finding out what the person's current reality is, and what they desire.
- ✓ **Prioritising:** sorting out goals with what matters most and focusing on the priority outcomes.
- ✓ **Defining success:** describing what achieving success looks like for the person.
- ✓ **Checking outcomes:** making sure the person is working towards what matters.
- ✓ **Understanding barriers:** finding out what is getting in the way of people doing things.
- ✓ **Developing goals and actions:** creating goals and shared outcomes together to overcome challenges and barriers.
- ✓ **Writing the care plan:** recording the desired outcomes, steps needed, and what isn't working.

Did you know? Edwin Smith, an Egyptian physician, is credited with the first medical record. For more details 48

The main features of each tool or template vary. They are designed to find out what they like, dislike, their routines, their activities, and how they live, or want to live, through conversation. They support person-centred care because they build a picture about what care they provide.

These tools can be used in interview planning and preparation to help guide care practitioners to guide conversations to find out what matters to the person (see Topic Area 1.5.2).

They might plan to use specific tools to gather information so that they know about:

- ✓ daily life
- ✓ goals
- ✓ preferences
- ✓ support needed

They also help them communicate well and build good relationships. Overall, this is about ensuring the care that works for them. Person-centred practice is a method of listening and gathering information.

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Person-centred planning tools to gather information



By using tools to gather information, providers can help people feel good about themselves, what is important to them, and their lives. Information about the individual and their needs can be gathered using a variety of tools.

The following section reviews a range of these tools:

- ✓ Good days / Bad days
- ✓ Important to / Important for
- ✓ Perfect week
- ✓ Relationship circle

Good days / Bad days

Main features: This tool supports conversations about what a good day and a bad day would look like. This would detail what would happen from the time a person wakes up until they go to bed. This tool helps people to understand what is important in someone's day-to-day living and what they need to understand to have the life they want. It is also useful to know if someone is having more bad days than good.

Apply this tool to think about someone's look!

Use: It helps to know what routines and actions might support them to have more good days. It also helps people find out what is getting in the way. Knowing what needs to happen for good days is vital to know what actions are needed. There may be small things which they improve their days. It can help users develop routines and identify triggers and actions.

Good days	Bad days
<p>What will it take to have more good days?</p>	

Important to / Important for

Main features: This tool is used to find out what matters to a person, not just what is important for them in terms of being healthy and safe. It records what matters to a person, both in terms of their voice and what they enjoy and prefer, while also looking at their social and health needs.

Did you know? This tool can be used to collect information about someone's social care needs, on the medication they are taking, and on their symptoms.

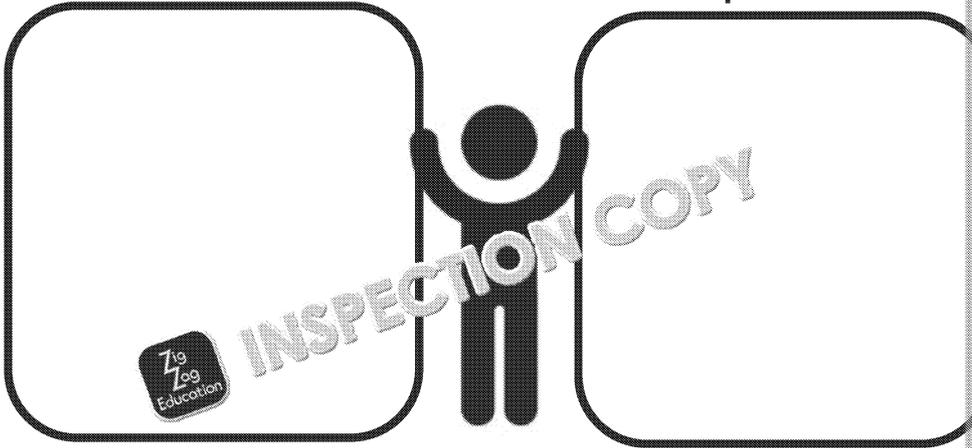
Use: It is used to understand what is important both to and for a person, to find the difference between what somebody prefers, enjoys, and finds happiness from, what they need to have their social and health needs met. This is key to care planning.

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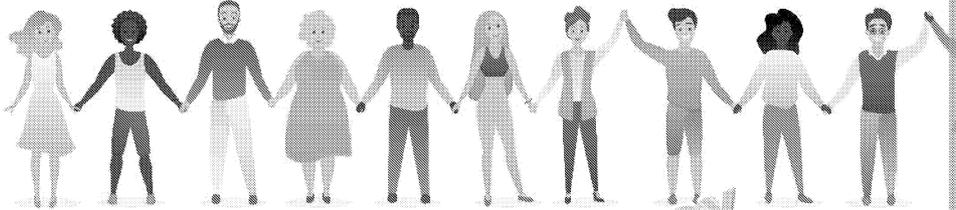
Important for...

Important to...



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Did you know? People who make decisions in hospital care tend to have better



Perfect week

Main features: This tool is used to help create someone's ideal week. It reflects what they had enough resources to be realistic and practical. It might include the people they care for, the places they live, what a good routine would look like, and activities they enjoy.

Use: The information gathered from the perfect week tool is used for a person-centred care plan, routines, budgets, and find appropriate support.

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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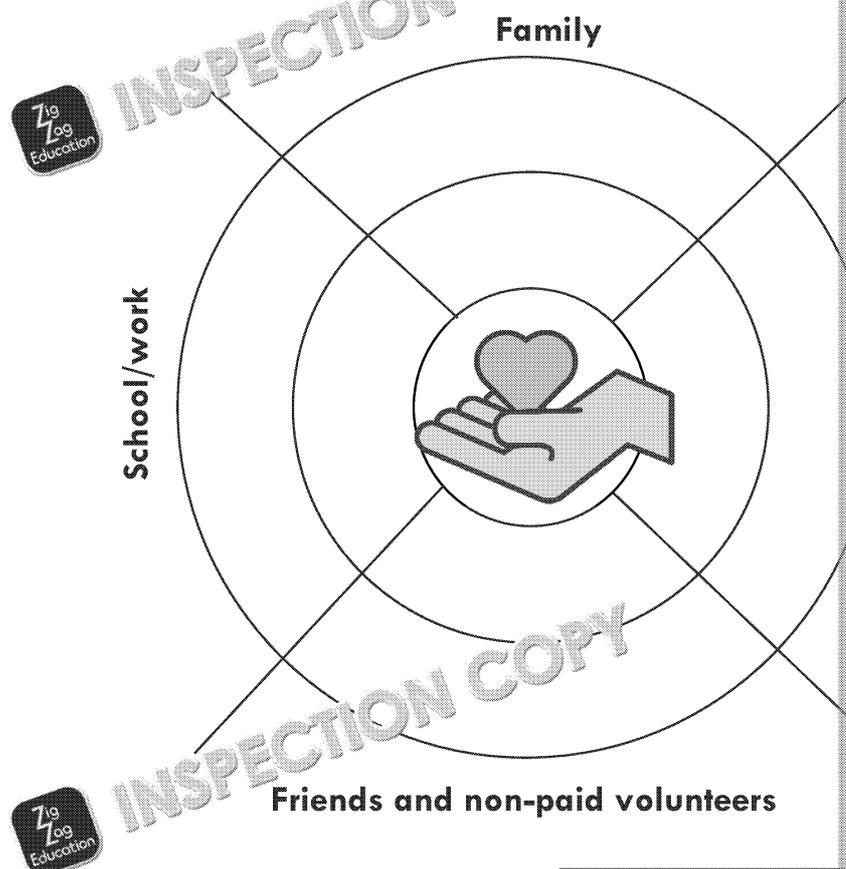
Applied activity: Why is it also important to use the perfect week tool to be practical and realistic?

Applied activity: How can you use the perfect week tool to help someone's care plan?

Relationship circle

Main features: This tool supports people to have conversations and a record of what is important to them, and a visual of the people they know, how they know them, and how these relationships affect them. It also helps them to choose the support they want.

Use: It is useful to know who is important to people needing care so that there is a record of who is involved in planning and what support might be needed to make their social support work.



Applied activity: How might this tool help someone's care planning?

Applied activity: Why is it important to involve people in their care planning? e.g. paid and unpaid?

Communication is an essential way professionals gather information about the individual (see Topic Area 3). These tools are essential in a person-centred approach. This is because people have the power in their own life and having their voice heard over and above their carers helps to build a real understanding of what people like and dislike, what matters to them, and what they want.

This means that care becomes more tailored and respectful. It also invites people to involve the wider circle of people they know. Giving people information and choice to be involved in their care helps people feel valued.

Interviewing an individual

An interview is a way of providing personalised care. It is a way to gather information through a purposeful conversation. Knowing what matters most to the person allows the right support to be planned. In person-centred care there are different parts to an **interview** with an individual:

- ✓ planning and preparation
- ✓ conducting the interview
- ✓ taking accurate notes

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Planning and preparation

Planning and preparing carefully is the foundation of a good interview. This might include choosing tools and tests to build a good understanding of the care needed. It also involves asking questions to get the information they need to plan care well. This means understanding communication preferences, their challenges and barriers to care. This makes sure that everyone feels respected.

The types of questions that might be prepared for the interview are based on what is known about the person needing care. It is important that the questions are worded to be clear and important to prepare for the interview by finding a quiet and private space that is suitable.

Everyone in the interview should know its purpose ahead of time. When invited, they have the right to bring other people with them to the interview if they need to. They should know the location, and who they'll be seeing.



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Applied activity: How would it help the person needing care to know what the interview is about before they get there?

Applied activity: What would you do to know they have the right to bring them to the interview?



Conducting the interview

Person-centred interviews encourage open, honest communication by creating a safe space. Social care providers aim to use empathy, open-ended questions, and active listening to understand values and opinions. They aim to have meaningful conversations, with curiosity and respect.

Before the interview, the care providers need to be calm and collected. The interview should be with a purpose where the person needing care can talk about what they need. The conversation should be offering warmth and empathy. At the start of the care provider will introduce themselves. They also need to let the person know the interview is confidential, and there is a right to stop at any time. The interview should be a chance to offer positive body language, eye contact, a warm tone of voice. This will be covered more in *Topic Area 3: Communication skills needed to offer person-centred care*.



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The provider might ask questions to find out what they need to know to develop a care plan. Some health staff use prompts to help them remember questions to find out what the person needs.

An example is the acronym TEDS/PIE:	They may also use the acronym:
Tell me...	Who...?
Explain...	What...?
Describe...	Where...?
Show me...	When...?
Precisely what/who/how/when...	Why...?
In detail...	How...?
Exactly...	

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At the end of the interview, the provider might give a time warning, then thank the person for their time. There is nothing else they need to know or say. They might signpost them to other services or arrange the next point of contact.



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Applied activity: How might you feel in an interview? What would you need from the person interviewing you to feel good about being there?

Applied activity: If you were the person being interviewed, what would you do to know they needed to be, know what you were to do, and what you were to do?



Taking accurate notes

Note-keeping is an important part of person-centred care. Notes are taken during the care plan. These notes are useful for everyone in the care team and should be a simple record of what happened in the interview. Accurate notes show what was talked about, by who, and how records that change through the care journey.

It is important to have a record so everyone knows what has happened, and what that different people follow the same care plan and understand the person's unique needs. transfer people's care across different professionals or places. They are a clear record of what practitioners so care plan can be understood easily.

Notes must be written by law. They may need to be checked later so everyone knows what happened. Sometimes, notes are used in legal processes as evidence.

Go to zzed.uk/13000



Research activity: The 'Notes, Records, explores the importance of note-taking. zzed.uk

Write a few notes on a piece of paper. Are they accurate?

Also include a few pictures to improve consistency (e.g. photos of the notes you have to visit other practitioners to take the notes).

Applied activity: Interview a professional. Think it is important to have accurate notes.

Creating a one-page profile (OPP)

A one-page profile (OPP) is a record containing important information about a person on a single sheet of paper. The main features of an OPP are:

- ✓ personal details (such as name, age, job/education)
- ✓ what people like/appreciate about them
- ✓ what is important to them
- ✓ how to support them

Did you know? A person who has not spoken for a long time. A good way to support them is to have someone who trusts them.

How an OPP ensures a person-centred approach

These profiles are a great foundation for personalising support. They can lead to a person-centred approach where they create a quick but clear snapshot of what really matters to someone, their strengths and how they can live a good life. Their simplicity is what makes them a powerful planning tool.

They are also useful when people need to use different professionals, because they help everyone get the information straight away. Even professionals can make their own OPPs so that people using them as a person, not just their job title. It is a great way to start conversations and build relationships.

They allow health and social care professionals to quickly build trusting relationships with people. They can be used as a starting point of a personalised care and support planning process.

Professionals gather information that helps them provide support based on the person's needs. This is part of the process of interviewing an individual and building meaningful relationships. It might be when parents meet a professional because of a concern about their child.

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One-page profile (OPP)

Name:
Age:
Occupation:
Contact details:

What do people appreciate about me:



What is important to me:

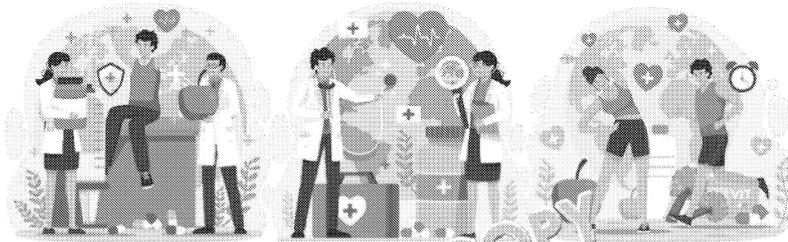
This describes the person's goals. It will also include activities they enjoy and find challenging or

How to support me:

This describes what support is needed and how they prefer to receive it. It should include preferences for location and

Applied activity: How do you think a parent would feel being asked about their child's health before getting to know the staff member?

Applied activity: How would a parent feel asking questions to build rapport? Examples might be 'What do you love to do?' and 'What do you most enjoy?' How might this help create good care too?



The OPP enables staff to see past the situation (it) someone has, or the situation they are in, and see them as a whole person with something to offer the world. It shifts the focus of appointments from looking at what is wrong, to celebrating what is working.

Research activity: Write a brief paragraph describing how it can be used in your setting. Visit www.zzed.uk/13000-OPP

Formative discussion questions

1. Why would care practitioners use tools instead of just asking questions?
2. How does the one-page profile support people to have a voice and control of their care plan?

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Questions (1.5)

Checking my understanding:

1. How does the 'Good days / Bad days' tool help care providers understand someone's life?
2. How does the information gathered using the 'perfect week' tool help care providers?
3. Why is it important to know who is in someone's relationship circle?
4. Why is it important to use open-ended questions and active listening during a person-centred interview?
5. Why is accurate note-taking important during interviews in a person-centred approach?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

1. Have a look on YouTube at videos on how to make one-page profiles. Make a list of the key points (include any links to videos included in this section and have a go at making your own or one for someone you know or a fictional character).

When you make the profile, think about:

1. Personal details (such as name, age, occupation)
2. What people like/appreciate about you/them
3. What is important to you/them
4. How to support you/them

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Topic Area 3: Communication skills offer person-centred care

From the moment a person wakes until they go to bed, they are communicating. Whether verbally, non-verbally, or in the written form, people give information about what they are thinking or how they are feeling. Everybody needs to communicate their needs, experiences, and build relationships.

In person-centred care, care providers need to have a lot of knowledge and experience. They also need to be kind, compassionate, and patient. These are called 'soft skills' that help them communicate effectively and in harmony with others. Communication comes in several forms; these are:

- ✓ **Verbal:** when people speak words aloud.
- ✓ **Non-verbal:** this includes gesturing with hands, body language, facial expressions.
- ✓ **Written communication:** includes letters, emails, text messages, reports.
- ✓ **Other types:** includes sign language, Makaton, and **Braille**.

Did you know? Braille was developed by a Frenchman who lost his sight in 1824. Louis Braille based it on a military code called 'night writing'.



Communication is a key part of being a care worker. It is how you let people know when the other person understands the information delivered. Good communication is based on empathy. Care practitioners build good relationships with people in their care for. This helps people feel safe and able to make decisions for themselves, and

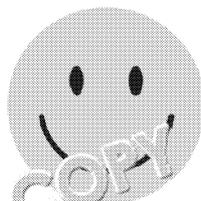
Person-centred communication has three parts. They are:

- ✓ **Explore:** finding out and understanding people's perspectives, values and needs.
- ✓ **Understand:** understanding the person's social and cultural contexts that shape their needs.
- ✓ **Plan together:** co-creating a plan and making decisions together, based on a person's needs.

Practitioners should ask questions to check that people understand what is happening and that decisions are made together, through responsive and respectful **collaboration**, the words that are spoken, but also listening actively, understanding non-verbal cues, and

Clear, **accessible** information helps people make good choices. The Care Act 2014 asks practitioners to make sure people have the information they need to make decisions. People need information right from the start of their care journey. In health and social care, people should communicate about:

- ✓ what care is available
- ✓ what care is best for the individual
- ✓ who is providing the care
- ✓ how they can access it
- ✓ where it will happen
- ✓ when it will happen
- ✓ why they need care



Applied communication person

Good communication means the person who is listening feels respected, knows what is happening before they started, and feels empowered. That's what makes person-centred care work.

This section is going to look at different types of communication, and the factors that make it more challenging.

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⁹ <https://www.legislation.gov.uk/ukpga/2014/23>

3.1 Verbal communication

Verbal communication is a spoken exchange of information. It plays a key role in effective communication, either through face-to-face talks, or through virtual conversations.

Good verbal communication:

- ✓ is clear and practical
- ✓ avoids **jargon** and slang
- ✓ is adapted to the person

There are different characteristics of speech that influence how clear communication is. It isn't just what people say, but the way they say it, that builds good communication. Parts of speech like pace, tone, pitch and volume can affect how well people are understood.

Providers must communicate effectively with individuals receiving care, their care teams, family, and external organisations. They might involve supporting access to housing, food, education funding, or home adaptations – all of which rely on clear, compassionate communication.

Time and empathy are vital. People need the time to express themselves and make decisions. Strong communication skills help providers to work with people to plan their care and make decisions. Information is provided across regular consultations, where they can develop their treatment plans.

Professionals must actively listen to people and show respect. This includes using the person's preferred name and checking they are saying things correctly. These small actions build trust and lead to better outcomes for everybody.

Did you know? One of the most powerful tools in person-centred care is listening.



Research activity: Watch this video by the SCIE on communication in personalised care.

[zzed.uk/13000-communication](https://www.zzed.uk/13000-communication)

Go to [zzed.uk/13000](https://www.zzed.uk/13000)

Write a few bullet points on how they suggest communication can be adapted to provide good care.

Jargon
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Did you know?
listening to
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Some of the most important verbal communication skills are described in the table below. These skills are the foundation for compassionate care.

Verbal communication skill	What this means	Example
Introducing	Introduction of practitioner. Setting the scene.	'Hello, my name is Kath. I'm a therapist. We have talked about what has been going on for you.'
Active listening	The person listens fully and does not interrupt. They may repeat back what they heard so the speaker knows they were heard to check for understanding. Active listening uses the whole body to listen. It involves having a relaxed and open posture and looking towards the person who is talking.	Sitting in silence with the person while they talk. To listen to what the person is saying. People show their interest through language and gestures. As the person talks, the listener shows they are listening with interest. As the person just heard is also important. There will be regular eye contact. The listener may say something like 'That sounds like you are feeling...'
Summarising	Care providers give a brief summary of what was said to make sure the person understands.	'Today, we talked about your appointment for you. You said you would like to have your appointment with an online service at your home set-up easier.'
Clarifying	This is when care providers ask if they understood what the person meant to say to avoid misunderstanding.	'You mentioned not wanting to go to the hospital. Can I check, did you want to arrange the appointment at home?'
Affirming	Care providers offer positive feedback about the person's strengths, abilities and efforts.	'I really appreciate how you have managed in this appointment to talk about these things.'
Normalising	This lets people know what they experience is normal. Practitioners offer people reassurance.	'Anyone who has gone through this struggle. You are not alone.'
Reflecting	Rephrasing what was heard shows the speaker has been truly heard.	'It sounds like you're feeling overwhelmed by everything that is happening. Where do you want to start?'
Asking before advising	Making sure the individual is ready to hear advice.	'Would you be interested in hearing how to manage your symptoms?'
Signposting	Directing someone to more information or services.	'I have a resource on a website that you are open to it?'

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Applied activity: Think back to your own experience with health and social care services.

- What happened that made you feel heard?
- What made you feel satisfied with the treatment you received?

Research activity: Visit <https://www.nhs.uk/13000> and find out more about why active listening is important in social care.

Pace and clarity

Pace of speech refers to how quickly someone talks. When people change the rhythm or add pauses to let people take in what they say, it can help people understand. If someone speaks too fast, it can look like excitement, but it can also look like nervousness. Slow speech can look like someone is talking with purpose, but it can also look like they are bored. This shows how talking too fast or too slow can be confusing for the listener. It can be tricky to get the right pace.

Did you know? Around 1 in 10 people have a hearing impairment.

Speaking with clarity is also important. It means expressing your ideas in a way that is easy to understand, leaving no room for confusion or misinterpretation. Adapting pace and clarity to your audience is important. Someone who is very young, or hard of hearing, may need clear and slow speech.



Applied activity: How do you feel when people talk very quickly? What message does this give you? Discuss in pairs.

Applied activity: Write a short message for a practitioner to talk to a patient. Use good pace and clarity. What challenges using good pace and clarity are there?

Using tone and pitch effectively

Tone and pitch describe parts of sound characteristics. Tone is the quality of a sound, while pitch relates to how high or low a sound is.

If someone speaks with a loud or harsh tone of voice, it can make people feel unsafe or uncomfortable. They might think the speaker is angry. Likewise, if a patronising tone is used, someone might feel disrespected. A softer tone can make people feel that the speaker is caring and genuine, while a firm tone might communicate urgency or importance.

The pitch of voice also conveys information. When someone uses a low pitch, the listener can feel that the speaker is serious. A high pitch might show that they are excited but could also sound nervous.

Did you know? The nineteenth-century poet and philosopher Ralph Waldo Emerson said, 'what you are doing speaks so loudly, I cannot hear what you say.'



If people maintain the same pace and tone, it can be harder to listen. If somebody uses a monotone, they are bored, or uninterested. When someone speaks too fast at the end of their sentence, it can sound like they are rushing, which is confusing when giving people information.

The key to good communication is to vary the tone and pitch while keeping it clear and engaging. A soft, calm tone, can support communication and build trust. For this reason, providers should adapt their tone depending on the situation. When they talk about difficult topics, their tone needs to be clear and understanding.

Applied activity: Split into pairs. Each person writes down a message on paper for their partner. Taking turns, each person reads their sentence clearly while speaking too fast and too slow. The other person will see if they understand the message. Then switch roles and go at listening. When you have both had a go, discuss with your partner:

- ✓ What did you notice when you were not understood?
- ✓ What did you notice when you could not understand?
- ✓ What does this mean for you about the importance of good tone, clarity, and pace?



Research activity: Watch this video demonstrating poor communication. [zzed.uk/13000-poor-communication](https://www.zzed.uk/13000-poor-communication)
 In your own words, write a brief description on: [Go to zzed.uk/13000](https://www.zzed.uk/13000)

- Why do you think this is an example of poor communication?
- How might the individual feel?
- What could the care provider do to improve communication?



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Adapting communication for audience and context

Verbal communication is an exchange of information that both people understand, *using simple language, and avoiding the use of complex terms, jargon, or slang.* When people use language that people working in that field know, it creates a barrier to understanding each other.

So, this shows how care practitioners need to adapt how they talk to different people. They should use simple sentences with simple language, and make sure that the message is clear and appropriate. They might have to adapt information in different ways, depending on the situation. They also need to check in regularly and make sure that they understand each other. They should also try to make sure people understand their options when making decisions and planning.

Sometimes, there are differences that would be a barrier if verbal communication. The tone can be perceived differently across cultures. What might seem okay to one person might not be to someone else. This is why it is important to be sensitive and adapt to cultural differences.

Care practitioners and providers need to adapt verbal communication for different audiences and situations.

- ✓ **Audiences:** types of people with different needs.
- ✓ **Situations:** the circumstances a person is experiencing.
- ✓ **Contexts:** when something is seen differently when the background or situation changes.

Audience

Audience considers who the practitioner is talking to. This could be either a person, a family member, a provider or professional, or a family member. When thinking about the audience, practitioners should consider thinking ability, or any other communication barriers that might impact communication.

Age	<ul style="list-style-type: none"> ✓ Practitioners need to be calm and gentle with young or vulnerable people. ✓ Teenagers should have the ability to make their own choices.
Language barriers	<ul style="list-style-type: none"> ✓ People who do not speak or understand English well might struggle to understand. ✓ Practitioners must avoid jargon and other technical language to avoid misunderstandings.
Knowledge	<ul style="list-style-type: none"> ✓ Practitioners need to adapt language and what they expect a person understands about their care (health literacy).
Sensory and cognitive impairments	<p>People may have conditions which affect their ability to hear, see or understand communication. They may need:</p> <ul style="list-style-type: none"> ✓ background noise to be reduced ✓ touch to guide them or get their attention ✓ to be told what will happen clearly in steps, and repeated if necessary ✓ assisted technology to help them communicate (e.g. hearing aids or transcribe)

Situation

Situation describes the health of a person, the setting, or the type of care being provided.

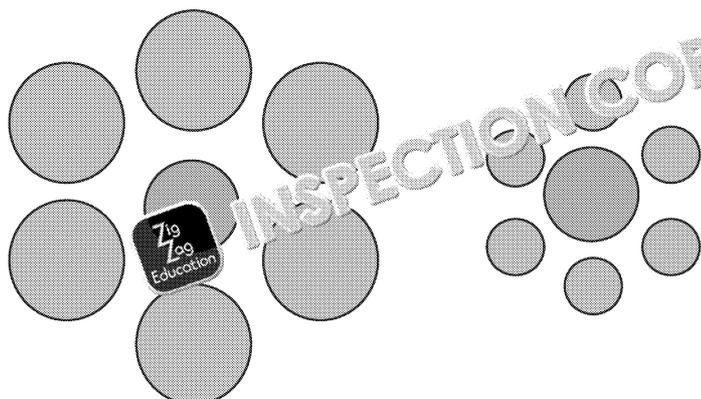
Type of care	<ul style="list-style-type: none"> ✓ Routine appointments allow for more in-depth discussion. ✓ Urgent care needs more precise and quick communication.
Setting	<ul style="list-style-type: none"> ✓ Professionals might use more formal language when talking to clients. ✓ When speaking with familiar clients or friends, care providers should use friendly language.
Time	<ul style="list-style-type: none"> ✓ People need enough time to communicate and understand.

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Context

Context describes the environment the care is occurring in, and cultural differences changes how people see something. A practitioner might ask if it is the right time at ways to adapt communication.



Applied activity:
 illusion to the left.
 Which of the cent
 Check with a ruler
 Answer at bottom

The world is increas
 For this reason, care
 how contexts influer

They need to be sensitive to different beliefs, preferences, and communication st

In some **cultures**, context is very important in communication. People rely more on tone, body language, and other non-verbal cues. They tend to be less direct and look for what things mean, rather than what is being said. For example, Japanese, Arab, and Indian cultures use more gestures, facial expressions, and silence. This means that they may expect others to read non-verbal cues, through an understanding of their background and beliefs.

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Cultu
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Western cultures, like the USA and the UK, tend to be more direct and say what they mean. People use less context and focus more on the person as an individual rather than someone playing a role in the community.



So, when Western care providers meet people from context-based cultures, communication might be confusing. UK practitioners might seem cold, blunt, and unclear. The person may not understand even if the practitioner thinks they have been clear. This shows how important it is to be aware of differences.

Did you
 doctors w
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Practitioners need to:

- ✓ **Be sensitive to culture** and communicate differently
- ✓ **Pay attention to non-verbal cues** as tone, pace, gesture
- ✓ **Ask how the person feels** as people may be okay but they might need more time to feel respected.
- ✓ **Slow down and give more time**
- ✓ **Focus on building trust**

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es in the centre are the same size. The size of the circles around them changes how context changes people's perceptions.

Person-centred care communicates with people in a way that respects who they are and their differences is a key part of it. The environment is also an important part of communication. It can give people cues on what to expect about their care. In a health or social setting:

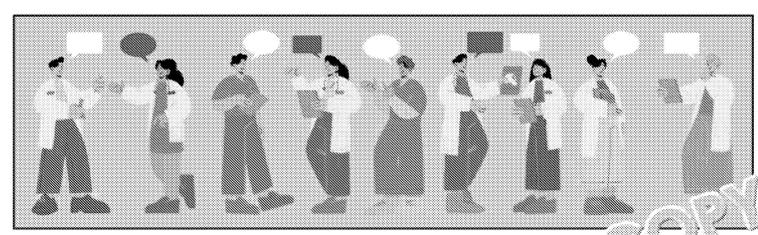
- ✓ **Cleanliness and tidiness:** when a space is clean and tidy, people might expect care to be better and respectful.
- ✓ **Noise:** when noise in the background is low, it is easier to communicate.
- ✓ **Lighting:** when lighting is moderate, people can see better, and communicate better.
- ✓ **Ease of movement:** when there are no physical obstructions, and there are aids to help people move around, it makes care easier and more comfortable.
- ✓ **Temperature:** when the temperature is moderate, people feel more comfortable.

Did you know? People are generally happier in health settings because of the communication.

A good environment can support care to be delivered. This will be explored further in the next section: *enhance/inhibit communication.*

Applied activity: In pairs, discuss how you would adapt communication for a six-month-old baby.

Applied activity: Imagine speaking to an elderly person. How would you adapt communication?



Did you know? Over 70% of people over 75 were due to be discharged from hospital in 2018.

Consequences of not adapting verbal communication

It is important that communication is adapted to everyone's needs and preferences. This includes using concise language, avoiding jargon or slang. Communication needs to be adapted for people with sensory impairments or language barriers.

Poor communication has several disadvantages:

- ✓ **Misunderstandings:** people may feel misunderstood or feel like their unique needs are not being met.
- ✓ **Errors:** mistakes can lead to incorrect care or unsafe medication use.
- ✓ **Distress:** if people are not listened to, their personal preferences and religious beliefs may not be supported. They may feel disrespected.
- ✓ **Reduced trust:** communication breakdowns can lead to people feeling discouraged and untrusting.
- ✓ **Lower confidence:** people might lose confidence in managing their own care and wellbeing.
- ✓ **Ineffective care:** poor communication might lead to inaccurate and unclear instructions. People may not get the best care and may feel confused.

Verbal communication is crucial in person-centred care. It must be clear, respectful, and sensitive to different cultures. When healthcare professionals really listen and build trust, it improves the quality of care.

Research activity: Visit www.nhs.uk/13000-go for good communication tips. Write a brief paragraph about how the doctor improved communication.

Formative discussion questions	<ol style="list-style-type: none"> 1. Why is it important to adapt verbal communication? 2. Why are pace and tone important?
---------------------------------------	--

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¹⁰ <https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2015/09/su2s-comms-safety.pdf>

3.2: Non-verbal communication

Non-verbal communication can be more powerful than what people say. It includes body language, facial expressions, **gestures**, how close people are, and their body movements. It can also include the pace and tone of voice. For instance, if people lean forward, face people at eye level, and make eye contact, these are all signs that they are giving their full attention to someone.

Did you know?
Doctors use non-verbal communication more effectively than most people. Do you know if they do?

Care providers can get more information from people's non-verbal cues. They may observe when someone is confused, stressed, or angry – even though the person hasn't said anything to them. These unspoken communications help practitioners to understand the person better. They can build an awareness of how the conversation is going and what is helpful or not helpful.

Advocacy
acts as a
speaking
Gestures
communicate

The non-verbal communication of the care team is also important. When workers use non-verbal communication that attunes with their patient, it improves empathy and people feel more cared for and nurtured, leading to a more positive relationship.

It is essential to know that not everyone receiving care can communicate easily using words. They may rely more on non-verbal communication. Some people may need others to speak on their behalf and be in their corner. And some may find communication awkward or challenging. This might include people who are too young to **advocate** for themselves, or individuals with learning difficulties. These situations can make communication more challenging and highlight the importance of strong support around the person.

Did you know?
Positive reinforcement is a form of communication. It means talking to someone without expecting anything in return.

Applied activity: Non-verbal body language

Discuss in pairs or groups of three. Imagine you're talking to someone, but they look away and frown.

- How would that make you feel?

Now imagine you're talking to someone who turns towards you, tilts their head slightly, and looks at you.

- How would you feel in this scenario?
- In which situation would you feel more comfortable talking?
- In which situation would you feel more heard?

Body language, eye contact, and facial expressions

One of the first things that people do when they meet someone is look at their face. How they move their face is a significant part of communication. Facial expressions can show intentions that can be understood across cultures. While words can be controlled, facial expressions happen quickly without the person even realising it. People can show how they feel through body language and facial expressions. People can communicate in a positive, and a negative way.



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Facial expressions

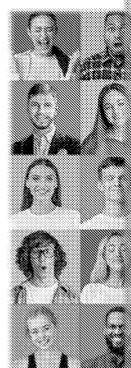
Every facial expression reflects emotions ranging from happiness to fear, surprise, anger, and sadness. A smile may show happiness, but it can also indicate agreement or discomfort. A frown might signal worry, but it could also represent confusion. While some facial expressions are different in different cultures, some are always the same; these are happiness, sadness, fear, anger, disgust, and surprise.

Research activity: Go to this link <https://www.bbc.com/news/health-13000-quiz> to see how well you read people's faces.

How well can you identify emotions just by looking at someone's face?



When health and social care workers understand facial expressions, they can communicate more effectively and build better relationships with the people they support. Care providers need to have a facial expression that shows people can trust them, and that they are friendly and warm. This might be smiling or a neutral facial expression. Practitioners need to mirror people's faces when they are sad or frustrated to show they understand.



It is also vital that care providers watch the facial expression of people they are working with. They look for signs that the person understands, feels engaged, and is feeling good about their care. Practitioners also look for signs of discomfort or pain to know what might make ill

Applied activity: Imagine a care provider smiling and showing warmth when someone was sad. Why might this be a good idea?

Applied activity: Why do care providers have warm expressions when gre

Eye contact



For health and care providers, good eye contact means looking at people when they are communicating. This shows that they are listening and interested, which helps build trust and respect.

Eye contact communicates without words. It can influence how people perceive what was said and change the flow of the conversation. If people do not look at others enough, and the distance between them is too close or too far, people might feel disconnected or uncomfortable. This can limit communication and make it less effective.

Body language

Body language is another vital part of communicating. It is a non-verbal cue that shows interest and listening, or even bored and impatient.

Body language can be positive, such as smiling, making eye contact, nodding, and showing that the person is listening and cares for the other person. This is how people feel comfortable and feel they can trust them.



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When the body language is negative, it might involve someone crossing their arms, a stern tone, or turning the body away. This communicates that the person does not trust you, might make people feel unsafe, and that they cannot trust the care provider. Some care providers, like everyone, can get tired. They might show this through their body language. You could feel stressed or unsafe in this scenario. So, it is important that healthcare professionals use positive body language throughout care, to build confidence and reassure others.

For instance, if someone is:

- ✓ sitting slouched in a chair,
- ✓ crossing their arms, and
- ✓ turned away – this might mean that they are not listening, they are defensive, or even angry.

In contrast, if someone is:

- ✓ sitting facing a person,
- ✓ with an open posture, and
- ✓ leaning towards them – they are showing that they are relaxed and *listening attentively*.

People use movement of parts of the body to communicate, and this is called gesturing. Gesturing instead of words and can show agreement (nodding) and disagreement (shaking the head). Waving, pointing, or gesturing away can all show intentions.

Applied activity: Write down five ways that you communicate with others without talking. Discuss in your group and compare.

Applied activity: Why do you think care providers to notice non-verbal communication?

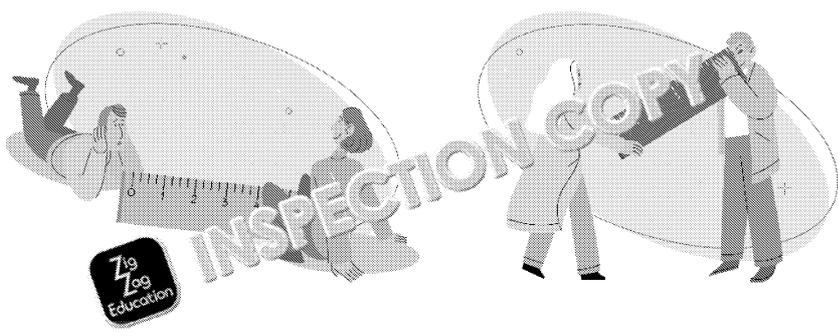
Managing proximity and appropriate use of touch

Proximity is how close someone is to you in a physical space. It is used in communication as well as a part in how people understand messages. People who are deaf or visually impaired may need care providers to use touch to come closer to support their care. As an example, care providers can sign information onto their hands to convey information.

Did you know? A typical personal space is 50 cm to 1.20 m from other people.

Generally, people have an **appropriate** zone around them which they feel comfortable with people coming into, which is called personal space.

Applied activity: Give an example of personal space.



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Personal space preferences vary. Care practitioners typically sit about a metre away from the person if needed, such as during a procedure, and should always explain and ask for consent.

Touch or physical contact

Touch or physical contact is a type of non-verbal communication. An example of this is patting someone on the shoulder. People have different preferences for physical contact and it is important to understand in person-centred care.

Care providers need to ask the people they care for what their preferences are for touch. For instance, some people find a touch reassuring; others need touch as a form of non-verbal communication, e.g. if they are blind. Touch is an important part of care, with some people needing support for their personal care. This might include help turning in bed, sitting down or standing up. A person needs to give or gain **consent** to be touched and to

Consent gives permission for something to happen.

Many studies have shown that non-verbal communication is a crucial part of communication. Touch is combined with other non-verbal communication skills like smiling, looking at the person and active listening.

Touch can be very comforting to people. When care practitioners welcome people with a handshake, or comfort them with a pat on the shoulder or hand, it has a positive influence.

Positive touch can allow people to feel better in lots of ways, including:

- ✓ greater wellbeing
- ✓ feeling more connected to other people
- ✓ greater confidence
- ✓ feeling healthier
- ✓ improved quality of life
- ✓ being more able to take responsibility for their own care

Applied activity: Look at the text above. Think back to what you just read about proximity and touch.

- ✓ How do you think the nurse use proximity and touch?
- ✓ What effect do you think their use of proximity and touch has on the person they are caring for?

As this person has a hearing aid, they may not hear you clearly.

Applying SOLER theory in practice

SOLER theory is a **mnemonic** used by care providers to support good non-verbal communication. The SOLER theory is a reminder of good practice in non-verbal communication.

Sit square on

Open posture

Lean forward slightly, towards the person

Eye contact

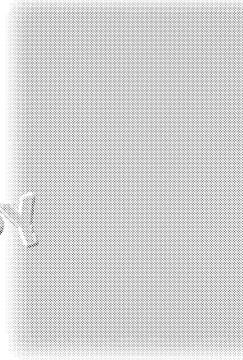
Relax

Mnemonic is a word or phrase that helps you remember something because it is easy to remember.

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Care providers need to be actively engaged with people needing care. They need to listen to what the person says and build a relationship. The SOLER theory guides them to communicate effectively with the person.



Applied activity: Look at the two pictures above. Which person is using better body language?

Applied activity: Agree with the pictures above. How do you think the care recipients will feel in each scene?

Adapting non-verbal communication for cultural contextual needs

Care needs to be fair for everyone, no matter their communication challenges. For care to be adapted. All these types of communication show how people may be feeling. Care providers assess them to know whether they are comfortable and engaged in the care plan.

Practitioners must assess and document communication needs, adapting strategies such as using plain language, communication charts, or assistive technology. Practitioners also need to understand the plan, what communication support the person needs. When an individual has limited ability, it is important to make assumptions about them.

It is essential that care professionals adapt their communication for different cultures. What that culture may not be appropriate for another, as gestures and facial expressions may vary.

Body language

In different cultures, body language can mean different things. For example, in Western countries, people often nod to say 'yes' or to show agreement. But in some countries, nodding is a gesture used to indicate 'no', showing that gestures are not always **universal**.

In the UK, people may give a thumbs up to signify agreement or to show that they are happy. But in other cultures, this sign is offensive.

Similarly, the OK sign used in the UK and USA is a rude gesture in some other countries.

When care providers are aware of their body language and are able to interpret other people's non-verbal communication, they can connect better with people in different situations. It is crucial for people working in health and social care to understand that body language depends on cultural influences. This helps them know how to use facial expressions and body language to create a friendly and welcoming foundation for communication.

Eye contact

It is important for care providers to adapt to different cultures. In Western culture, the person is honest, listening, and is respectful. However, in some cultures, avoiding eye contact is a way of showing respect to authority. It can also be considered rude or aggressive in some Middle Eastern cultures. This means that professionals need to consider how people's cultural communication style, and they may need to adapt how they use eye contact.

Universal
truth

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Facial expressions

Though some facial expressions are universal, their meanings can vary across cultures. Some are shown less intensely in certain cultures, depending on what is considered proper. As an example, in Western culture, smiling shows friendliness and happiness. But in some cultures, people can be seen to hide uncomfortable emotions. This shows that care practitioners need to observe their care and not assume someone is comfortable or happy because they are smiling.

If providers do not try to understand the cultural differences, they might misunderstand a person's needs. In some cultures, pain is not expressed outwardly. So, some people stay quiet. Care providers need to look for subtle clues someone might be communicating.

Research: Look at the website sipofculture.com. The article 'Does smiling mean in different cultures?' explores how smiles are used in different cultures. Write down how care providers may understand the facial expressions from different cultures.

Go to zzed.uk/13000

Proximity

How close people are comfortable being varies in different cultures. As an example, Latin American people are more comfortable being very close when communicating, and some are more direct or warm. In some European cultures, people like more space and a clear personal boundary, while some Asian cultures, e.g. Chinese and Japanese, like even less communication.

Health and social care practitioners need to watch people and see how they react. They may need to move further away for people to feel more comfortable, or maintain a certain distance.

Touch

How comfortable people are with touch varies from person to person, and culture. For some cultures, a pat on the back or hand is comforting, but for some people it could make them feel uncomfortable.

Applied activity: Write down three, discuss with a partner, and draw the gestures you use to show respect.

In some cultures, people cannot be touched by practitioners of a different sex. They may reject care if this need has not been understood. It is important that providers ask people about their needs with to meet their unique needs and preferences.

Applied activity: How can body language help someone feel respected?

Applied activity: Write down three, discuss with a partner, and draw the gestures you use to show respect.



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Consequences if adaptations are not made

Communication should be mutual, which means both the person receiving care and the provider should understand each other. This also means people know what their rights are, so they can make choices about their care.

There can be challenges when care providers do not adapt their non-verbal communication. These include:

- ✓ people feeling they are not understood
- ✓ loss of trust in the care relationship
- ✓ more errors and misunderstandings
- ✓ people feeling distressed or disrespected
- ✓ care providers may be seen as unprofessional
- ✓ less effective care

Non-verbal communication has different meanings around the world, and this should encourage care providers to respect differences. By doing so, communication is improved and the quality of care is enhanced.

Applied activity: Read the case study, right.

- What non-verbal communication did Angela notice in her appointment?
- How could the doctor have improved the communication with Angela?



Case study
 Angela is 35 years old and had an appointment at her GP for a health concern.

During the appointment, the doctor spent a lot of time looking at the computer. They did not ask any questions about her health.

When Angela spoke, the doctor kept looking at the computer. The doctor took the appointment as a personal call.

Research activity: Watch this video on non-verbal communication in a healthcare setting.
<https://www.youtube.com/watch?v=13000-non-verbal-communication>

- What non-verbal communication do you notice the doctor and patient using?
- How do you think the patient might feel?
- What are the potential consequences of the doctor's non-verbal communication?

Go to <https://www.youtube.com/watch?v=13000-non-verbal-communication>



Formative discussion questions

1. What non-verbal cues can people use to show they are active?
2. Why is proximity important in person-centred care?



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Questions (3.1–3.2)

Checking my understanding:

1. How can healthcare workers use body language to help people feel safe and secure?
2. What impact could unclear communication have on health and social care?
3. How should a care provider use verbal cues to show someone they are listening?
4. How should a care provider use non-verbal cues to show they are listening?
5. Give one example of when a care provider might adapt their communication.
6. Give an example of what might happen if communication is poor.

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

1. Watch a video on good communication like this linked example: [zzed.uk/13](https://www.zzed.co.uk/13)
Write a few bullet points on:
 - What you learnt about effective communication.
 - How you would use what you know about good communication to prepare for your assignment.
2. Read the following case study.

Usha is a 50-year-old patient who has been admitted to hospital after hitting her head. The staff ask her if she understands. Usha says yes and agrees with what they say. Usha's husband says she does not understand what they are saying. He says she is confused. When they leave the room, Usha tells her husband she is confused.

Rewrite the case study to show how the staff could have used good communication.

- What non-verbal communication can they use to develop Usha to trust them?
- What non-verbal communication might they look for to see if Usha understands?
- How can they apply good communication to improve person-centred care?

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3.3: Factors which enhance/inhibit communication

Did you know? It is important to give the right amount of information – not so much that people are overwhelmed, but enough for people to make an informed decision.



There are many barriers to good communication. People do not get the message the way it was intended. Communication can be improved if we understand how people understand. Care providers can ask people what they have heard, and check if the message was understood.

Environmental, interpersonal and personal factors all play a part in how well people communicate in health and social care. This helps improve the wellbeing and comfort of people, as well as care outcomes. The following section shows how important it is to understand how these factors impact care.

Applied activity
If you found it hard to communicate, how did you make it hard for the other person to understand you?

Environmental factors

Environmental factors include:

- ✓ comfort
- ✓ temperature (heat/cold)
- ✓ lighting
- ✓ noise
- ✓ privacy

Intended: something that is planned or intended in a certain way.
Interpersonal: relating to communication between people.

These factors can impact care in a positive and negative way. For this reason, health and social care professionals plan the environment with a lot of thought and care.

The environment impacts communication in person-centred care. If an environment makes it hard for people to communicate their needs and make care less effective, a care environment without private spaces or good lighting would make it hard for people to communicate. People might not share important information that is needed to care for them properly.

The environment is a very important part of person-centred care; it needs to be well planned. Health and social care professionals consider how a space is set up, whether the space is private or public, and who is using the environment may need specific adaptations:

Factor	How it is supported in person-centred care
Comfortable surroundings	<ul style="list-style-type: none"> • Clear, accessible spaces: health and social care centres need clear, accessible spaces and walkways for ease of movement. • Welcoming staff areas: having staff in open spaces to welcome people makes it easier to access services. • Comfortable and personalised areas: this helps people feel more at home. • Clear signs: easy to read signs help people find where they need to go. • Supportive for people with different mobility needs: some furniture is adjustable, Braille signs and other adaptations. Other furniture that open at the push of a button and are adapted for wheelchair use. • Calm, welcoming colours: typically, blue and yellow are used in health and social care settings. • Comfortable areas: relaxing and homely spaces support people to feel more at home.
Heat	<ul style="list-style-type: none"> • The temperature of health and social care settings needs to be comfortable, neither too warm nor too cold. • The ideal temperature of health and social care centres is 20-22°C. • Health and social care properties need to be monitored to make sure they are comfortable. Areas may need to be ventilated or heated to make sure they are comfortable. • If people are too hot or too cold they could be uncomfortable, which could affect their communication.

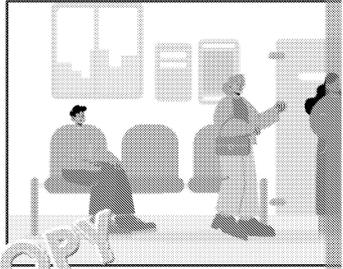
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Factor	How it is supported in person-centred
Lighting	<ul style="list-style-type: none"> Lighting needs to be appropriate to the person's preference People with vision issues may need more light. If a room is too dark, or too light, it can be a barrier to good Poor lighting can also be unsafe if people fall or trip because Too much light can cause glare. Having enough light in the day and dark at night is also important to support people's natural rhythms for wake and sleep (circadian) Light can be controlled in a client's room by using lights, shades
Noise	<ul style="list-style-type: none"> Noisy environments can be uncomfortable, stressful, or even people with sensory challenges or sensitives. Quiet environments are more comfortable and help people care settings ought to be calm and quiet. People need private spaces so they can be heard fully, and
Privacy	<ul style="list-style-type: none"> Having private and quiet spaces helps people to be able to Private spaces are also important to respect the dignity of people People need to feel safe to talk.

Applied activity: In a pair or small group, write down a list of:

- Factors that make a room feel comfortable and safe.
- Factors that make a room feel uncomfortable.



Interpersonal and emotional factors

A trusting relationship between individuals and the care provider can be built through communication. When people feel they are being heard and can ask questions, they are more likely to express their needs. **Interpersonal** factors look at the parts of communication that

Care providers can support a good interpersonal relationship by:

- ✓ using active listening
- ✓ offering compassion and kindness
- ✓ providing warmth and empathy
- ✓ supporting the emotional wellbeing of the person

In communication, emotional context looks at how **feelings** and **emotions** influence how people interact. **Context** gives meaning to communication. Both verbal and non-verbal communication is influenced by how well people understand and manage emotions. This can be their own emotions, or those of people they communicate with.

Emotions can impact communication in health and social care. Emotions and **moods** can be thought of as a spectrum of how strong someone has the feeling, and as being either positive or negative. There are lots of emotions that impact how people communicate, ranging from anger, stress, anxiety and sadness to excitement and happiness. Emotional health changes how they communicate, understand, and receive messages. Positive emotions like happiness, excitement, calm, and affection are all helpful in improving communication. When people feel care providers care about them, they are more likely to communicate because they feel safe with them.

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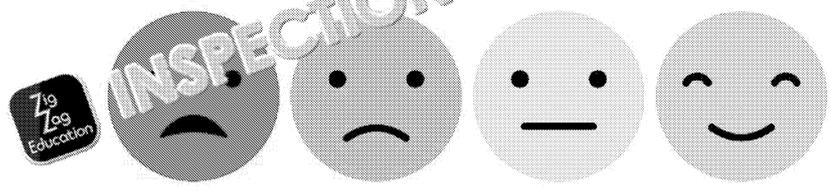
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Some of these emotional barriers are:

- ✓ **Fear and anxiety:** if people are fearful or anxious about what might happen, they may not communicate, causing misunderstandings.
- ✓ **Shame and stigma:** people might not talk about things they are ashamed about, preventing them from getting good care.
- ✓ **Power imbalance:** if people see health and social care professionals as authority figures, they might feel that they need to do everything they say without question. They may feel they can't ask for things they need or like.

Did you know? People with low self-esteem may find it hard to speak up.



For example:

- ✓ If people are worried or anxious, they might jump to conclusions and misunderstand what is being said.
- ✓ If someone is distracted or overwhelmed, they might miss parts of the message.
- ✓ If someone is angry, they might react to what the practitioner is saying, and not listen.
- ✓ If someone has low self-esteem they may feel uncomfortable speaking for themselves.
- ✓ If people are scared, anxious, stressed or overwhelmed, it makes it harder for them to share information.
- ✓ If practitioners are distracted, stressed or irritable, they might also find it hard to listen.

Applied activity: How might someone who is experiencing anxiety find it harder to communicate? Discuss in pairs, or groups of three.

Applied activity: If you were a doctor, how would it affect your communication if you were experiencing anxiety? Discuss in pairs.

Cultural differences

Care practitioners need to be sensitive to cultural differences in communication. Cultural differences can affect how people communicate and reduce misunderstandings. Cultural differences can affect how people think, behave and communicate. Respecting these differences is crucial in person-centred care.

Different cultures express emotions in different ways. Some are more open and expressive, while others only share emotions with close family or friends. People from Western cultures may be more likely to show emotions like anger or sadness, while others do not think it is okay to express emotions.

During difficult situations, culture can affect what people feel comfortable sharing. In some cultures, the wellbeing of the community is seen as more important than the individual. This can affect how people share about personal issues like substance use or mental health. They may believe it brings shame to the family.

Everyone has a unique cultural identity and preference. Practitioners need to understand a person's background to provide personalised care. They may also need to build trust with people who do not speak English enough to talk. Recognising these differences helps ensure care is fair and respectful.

Research activity: Watch this video on how having a long-term condition can impact a person's wellbeing. [zzed.uk/13000](https://www.zzed.uk/13000) Write some brief notes on how cultural differences can impact emotions.

Go to [zzed.uk/13000](https://www.zzed.uk/13000)

Applied activity: How do you think culture affects communication? Discuss in pairs.

Formative discussion questions

1. Describe a barrier to communication in health and social care.
2. Why is it important for practitioners to make sure people feel safe to communicate?

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Questions (3.3)

Checking my understanding:

1. Name **two** consequences of poor communication in health and social care.
2. Name **three** environmental factors that make communication challenging.
3. Why is good lighting important in health care communication?
4. Why is a moderate temperature important in a health and social care setting?
5. How does culture impact communication in care?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

Read the following scenario to explore how emotional and environmental communication in person-centred care.

You have been asked to support an agency to support people needing care in their homes as a support worker.

You are supporting Ben. He is a 50-year-old professional footballer who has had a recent injury from falling during a climbing trip. Since the accident, Ben has struggled to adapt. He is struggling with coordination. He is unable to play football until he has the intensive care he needs. He is depressed and frustrated. He is finding it difficult to wait until he gets back to his fitness. He is usually confident, bold, and drives. He likes being independent and doing things for himself.

1. What environmental factors might impact communication with Ben?
2. What changes to Ben's environment could help him feel more comfortable and confident when communicating?
3. What questions might you ask Ben to understand how the environment could impact his needs?

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3.4: Written communication

Effective communication is key to person-centred care. Health and social care practitioners often need to communicate in writing. This could be letters to let people know what care they will receive, invitations, or for record-keeping.

Did you know
five years the
£103 million o
This amounts to

Good communication helps people be more satisfied with the care they receive and to better outcomes.

Written communication has several purposes within person-centred health and social care:

- ✓ to keep a record of the care a person has received
- ✓ to keep a record of personal information
- ✓ to refer people to other care providers
- ✓ to inform people what is happening
- ✓ to create a share-care plan
- ✓ to hand over care to another care provider
- ✓ to communicate with people from other care services

Good written communication in health and social care is made up of the 5Cs. The

- ✓ **Clarity:** being clear about ideas and using simple language. Checking people
- ✓ **Compassion:** being kind. It is also connecting with the person at their level a
- ✓ **Completeness:** providing all the information the person needs to understand
- ✓ **Conciseness:** avoiding long-winded sentences. Focusing on necessary messa
- ✓ **Correctness:** avoiding errors in messages. Behaving professionally and being

People need to feel like they matter. This is why both verbal and written communication should use understandable language. Practitioners should ask individuals how they prefer to receive

Everybody communicates differently. Some people prefer to talk face-to-face while others prefer written documents. It's important to have the time to think things through. Sometimes, it's best to discuss things then follow up with a written summary and agreed next steps.

To reduce communication barriers, writing should be adapted to meet individual needs. People with reading or writing difficulties, information should be made more accessible using pictures and symbols.

Technology can also support better communication. Electronic health records, for example, help communication between practitioners. People can also connect through different platforms such as email and video.

Case study

Brendan is a 63-year-old man. He has been admitted to his local hospital in Salford for a non-urgent procedure. A nurse and a specialist visit him to discuss his surgery. He is asked what his preferences and needs are. A board is placed over his bed that says, 'what matters to me'. This board shows Brendan's preferences and needs. It easily communicates that he would like to be offered pain relief before he goes to sleep. It also lets staff know he is vegetarian and that he likes to do a crossword with his wife every morning, with a cup of tea. It also lets staff know he prefers to be called by his second name, George.

The board is important because it is easily visible and lets staff know what is important to Brendan. Everyone on his care team can see his preferences. This information helps staff know him better and helps his care be more consistent when staff hand over care.

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¹¹ <https://www.beyondencryption.com/research/nhs-postal-cost>

Accuracy and clarity in recording information

Accurate and clear records are important because they are an honest account of what happened. Accuracy and clarity mean that records are clear, honest, and without errors. Clear records are well organised and easy to read, with an accurate record of care. They need to be easy to use for people using services.

Records need to document who was seen, what was said or done, what was decided, and what happened. Records can be on paper, or digital. They need to communicate the right information, for the people involved in an individual's care to have a clear understanding of their needs. They need to show a clear understanding of:

- ✓ personal information (e.g. age, address, GP surgery, emergency contact)
- ✓ their health needs
- ✓ their preferences
- ✓ their needs and preferences
- ✓ how they prefer to communicate
- ✓ an agreed care plan

Did you know? Edward Bulwer-Lytton wrote the famous phrase 'The pen is mightier than the sword' in 1893. He believed that written words are more lasting than actions.



Good records support consistent care between different people. Records need to use facts about the care and avoid making specific statements about what was said or done. For example, instead of saying 'there was a mess in the hallway' it should say 'boxes piled up, and a bicycle in the hallway'. Being specific helps people to walk into the front room'. Being specific helps people to know what the issue is and how it can be fixed.

To be reliable and helpful, written communication needs to be:

- ✓ **Be accurate:** all information needs to be honest and accurate. It must state what was said as close to the truth as possible. It must be a record of facts, not opinions.
- ✓ **Avoid jargon or technical language:** records should use simple, plain language. This should be everyday words that people use. Any technical terms should be explained.
- ✓ **Have correct spelling and grammar:** Good grammar and spelling helps to prevent misunderstandings. It also shows professional standards of care. If there are errors, these can be corrected with a note.
- ✓ **Be personalised:** communication is centred around the person's needs. Records show shared decisions, the person's preferred name, and other personal details.
- ✓ **Be clear and informative:** simple language is used so the record is easy to understand. It also includes the care options, benefits, and challenges the person faces.
- ✓ **Be professional and honest:** records should be well organised and without mistakes.
- ✓ **Be timely:** records should be created as close to the event or conversation as possible.
- ✓ **Be secure:** records should be stored safely so only the right people can access them.

Research activity: Imagine you are writing a brief note for a type 2 diabetic patient to support during a hospital stay. The patient is on a low-sugar diet plan.

Write two briefs. In the first brief, use jargon and technical words (can be made up). In the second brief, use plain, everyday English.

Read these two briefs to a friend or family member; which one do they understand most?



Applied activity: If you were a doctor, what would you say next day or the following day? What happened, why? How would you record inaccurate?

- Applied activity:** Discuss what is most important for health care records.
- avoid using poor language
 - avoid making spelling mistakes

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Potential consequences of inaccurate and unclear information

In health and social care, records provide a clear overview of people's care journey; they are also a legal requirement.

If records are not accurate or clear, this can have serious outcomes. Care providers need to ensure they know about people. If this is not accurate or clear, it can lead to errors and poor care. For example, if a nurse does not record the dose or type of medication given, someone may not get the right care. Errors in communication can lead to:

- ✓ inappropriate care
- ✓ loss of patient trust
- ✓ people losing confidence in themselves or others
- ✓ legal issues for practitioners or the organisation they work for



Contextual and audience appropriateness

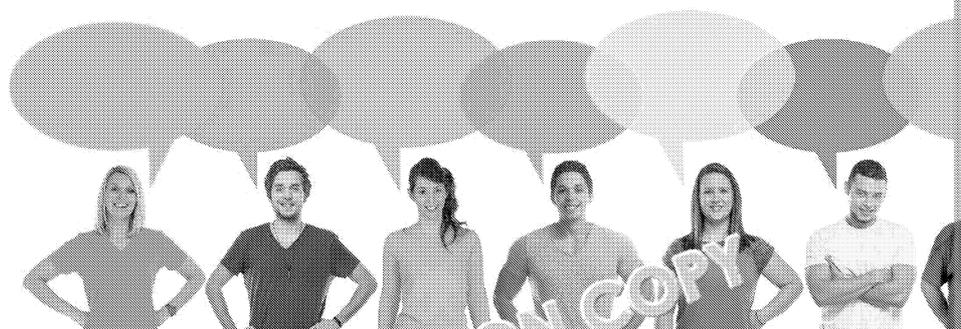
All care records and written information needs to be accessible for *the individual*, *professionals* involved in the care plan. This means that care practitioners *need to* think about who they are writing for or speaking to.

It is important to give people enough information to reassure and empower them but not so much that it becomes overwhelming. When people have the right information they are involved in their care.

People who use services, their family or support people, all need to be able to understand information about the care. So, care providers need to be aware of how people prefer to receive information. Personalised communication is adapted to suit the person's background and preferences. Often, a person's unique preferences are recorded in the individual's care record.

Case study
Nottingham City Council group of council-provided leaflets, ensure that they are clear and written in plain language.

Applied activity In pairs, discuss what words you would use in a formal setting and an informal setting. What is different?



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Communication that is appropriate to different audiences:

- **Uses clear, plain English:** using everyday words means that written communication is accessible to people with different levels of understanding.
- **Avoids or explains medical jargon:** practitioners, who are used to these environments, others are not familiar with care culture. Using complex terms can confuse people. Everyone should be able to understand everything that is said. All jargon needs to be explained.
- **Needs to be adapted for people with sensory loss (e.g. hearing, vision, or other impairment):** this are:
 - ✓ to give people the option of communication by text message or email
 - ✓ to provide materials in large print formats
 - ✓ to offer Braille and audio for people with sensory loss
 - ✓ to provide British Sign Language interpreter
 - ✓ to provide interpreters for people who do not speak English as their first language

People have unique beliefs, values and preferences that are shaped by their culture. Communication must also be culturally sensitive. People who are new to the health or social care system might not understand the language, culture, or systems used. Cultural beliefs and expectations also matter. For example, some people may expect to bring family members with them, or prefer care that is more **holistic** or natural.

Good communication also supports people in care teams to work together. Because they share a professional understanding, care practitioners might use medical terms, technical terms, and acronyms when writing to other people in the care team.

Did you know? Written communication is not always the best for individuals. For example, someone who is walking with a wheelchair might find it difficult to read a long list of instructions.

Overall, personalised care means understanding the individual parts of an individual's life and needs. Effective communication supports person-centred care when it empowers and respects the person. This way of caring helps to support people's needs.

Applied activity: Communication exercise

Part 1: Drawing without communication

1. Form groups of 3–4 people. Each person gets a sheet of A4 paper folded in half.
 - Round 1: Draw a head and shoulders. Fold to hide and pass right.
 - Round 2: Draw torso and arms. Fold and pass right.
 - Round 3: Draw upper legs to knees. Fold and pass right.
 - Round 4: Draw lower legs and feet. Unfold the final drawing.
2. Now everyone unfolds each group drawing. Discuss: *What do you notice about the styles of the body sections?*

Part 2: Drawing with communication

3. Repeat the activity, but choose one person to describe the full figure in detail.
4. For each section, the describer gives clear instructions before passing the paper to the next person.
5. Take a look and discuss:
 - How did the final drawing change with clear communication?
 - What does this reveal about effective communication?

Format discussion questions

1. Why is it useful for care practitioners to ask people if resources are needed?
2. What support might someone with vision loss need to receive?

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Questions (3.4)

Checking my understanding:

1. Why is written communication important in health and social care?
2. List **two** purposes of written communication in health and social care.
3. Which of these is not one of the 5Cs of good written communication?
 - A. Clarity
 - B. Conciseness
 - C. Correctness
 - D. Correctness
4. What might happen if communication is unclear or inaccurate?
5. How might communication be adapted for different audiences or contexts?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

Sentence	
<i>I think he is a pleasant person.</i>	
<i>She walks with assistance using a Zimmer frame.</i>	
<i>He has eaten soft food since the surgery.</i>	
<i>She looks like she has lost weight since she was admitted to hospital.</i>	
<i>I think he's recovering faster than thought he would.</i>	
<i>Her family visited for an hour today.</i>	
<i>She seems happier than yesterday.</i>	
<i>I think the new medication is working better than the one the doctor tried last time.</i>	
<i>The wound dressing was changed at 1 pm</i>	
<i>The patient has a temperature of 38.5 °C.</i>	

Read the table above.

1. Correctly identify which statements are facts, and which are opinions.
2. Why is it important to use facts, not opinions, when writing accurate records?

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Topic Area 2: Meeting needs and support in a person-centred way

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Person-centred care means really getting to know people and understanding their needs. Topic Area 1 has shown how health and social care organisations focus on the person. People with impairments have hopes, dreams and goals, just like anyone else.

An impairment is a condition, or a difference, in someone's body or brain. A disability is something someone faces in their day-to-day life because of the impairment. This is usually a physical or mental impairment, or because of a learning difficulty. It can be made easier for people with these differences.

Impairments can have a big impact. They might be physical, sensory, cognitive, or emotional. They lead to different challenges in a person's life. That's why it is important for care providers to understand how an impairment creates unique needs for every person.

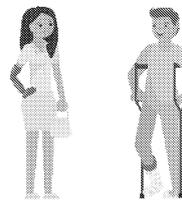
Impairments can differ based on:

1. **Severity:** the extent to which the impairment affects the individual's life and how much support they need.
2. **Timing:** when in their lifetime it occurs; it could be something they are born with, or it could develop over time, or it could be sudden.
3. **Type:** people can be impaired in many ways, some visible and some hidden.

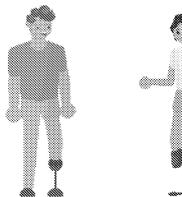
People with impairments are experts in their own life. They should decide what care and support they need. Care plans should help people stay independent and do what matters most to them. People need to stay connected with the people in their lives that matter too.



Services need to be centred around people, whatever impairment is affecting them, and how they are living. This is vital because they need to be supported to lead meaningful and fulfilling lives.



Patients rely on professionals to be consistent, caring and reliable in every part of their care, whatever their needs. In practice, the person-centred approach involves a wide range of professionals, support people, and services. Meeting needs and providing support in a person-centred way requires providers to think about how they can adapt care.



Applied activity: Why might people with a hidden impairment find it harder to get care?



Applied activity: How can a care plan be made person-centred? What do you think the person's care plan was made for? What do you think they need?

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2.1: Types of impairment

Most of the time people use their senses, move and communicate, and think without even noticing. But when someone has an impairment, they can experience challenges that affect how well they can do everyday tasks. Some of these are:

- **Cognitive:** this includes memory loss, issues with focus and concentration, and **brain injuries**.
- **Communication:** communication impairment relates to a person's ability to speak.
- **Physical:** this type of impairment ranges from broken bones to more severe loss of limbs or paralysis. It also includes the loss of bladder or bowel control (this is called **incontinence**).
- **Sensory:** this includes visual and hearing impairments, and sensitivity to touch.

Did you know?

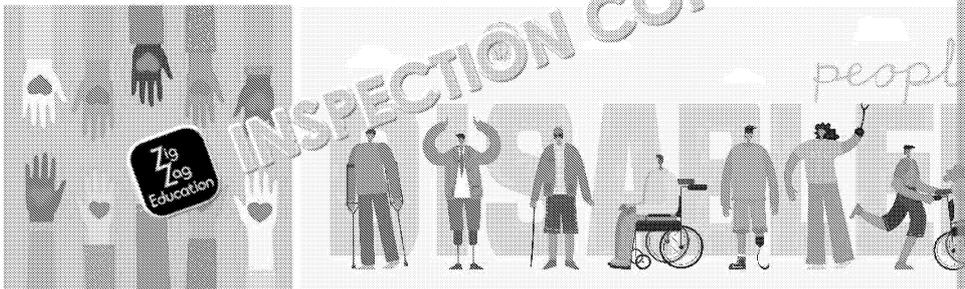
According to the Family Resources Survey, in 2023–2024, 24% of the UK population had an impairment¹².



Impairments can range from mild to severe. They can last for the duration of someone's life. Some impairments progress over time, starting with mild symptoms that get worse over time.

Impairments can impact people's lives in various ways.

Person-centred care doesn't look at care by the condition someone has; instead, it considers how well people function in their day-to-day life. When care providers understand the struggles people face, they can support them to build care that suits them best.



Cognitive

Some people find it more challenging to manage their day-to-day lives because of cognitive impairments. Cognition is the act of thinking or knowing something. For someone with a cognitive impairment, the ability to think is affected.

Some people are born with this type of impairment (e.g. **genetic** conditions), while some develop them in childhood as a consequence (e.g. **autism**).

Cognitive ability can also change over a person's life without an injury. Sometimes, people find that as they age their cognitive abilities decline. But it is only when these issues make it hard for people to function that they need support. Sometimes the changes are temporary, such as when people experience poor mental health or go through cancer treatment.

Autism: develops from birth and affects how people manage their lives.

Brain injury: caused by a head bump, fall, or other trauma at birth or later in life.

Genetic: has been passed down from parent to a child.

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¹² <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2022-to-2023/family-resources-survey>

Did you know? Capacity issues are more common than you think. Other symptoms include...

Cognitive impairments can impact people in a number of ways:

- ✓ **Memory:** memory loss causes people to forget things that have happened in their life, or the skills they need to manage well. Memory loss may be so severe that people might not know where they are.
- ✓ **Focus and concentration:** some people may find it harder to focus their attention, which can make it harder for them to learn or complete tasks. It can also be harder for them to listen, so they may have issues communicating. People can also find it harder to switch between tasks.
- ✓ **Language:** cognitive impairments can make it harder for people to speak, write, or understand what other people say. This is covered in more detail in the next section.
- ✓ **Ability to organise time and tasks:** this skill is also called **executive functioning**. It helps people plan, prioritise, manage time, make decisions, and stay on track with their life goals.
- ✓ **Information processing and decision-making:** people need to be able to make sense of information and make informed choices.

Executive functioning: this is a type of mental skill that helps people manage their life, organise their time and tasks, manage their emotions, and achieve goals.

Process information: this is the ability to make sense of information and experiences.



There are many reasons people may have cognitive impairments, such as learning disabilities, dementia, or brain injuries. For some people, it can be more challenging to remember, and to focus, they may need extra support. It is essential that care practitioners understand what people are feeling, offering them warmth and support. For memory problems they can be supported with reminders, timers, and other aids.

Brain injuries can be present from birth or occur from a sudden, violent force. While some people recover, over time, some people have the impairment for their whole life. These challenges can affect the quality of life, but it is harder for people to see what they are going through on their own.

Applied activity: How might care providers change the way they communicate with people with a cognitive impairment?

Applied activity: Give examples of conditions or causes of cognitive impairments.

Communication

Communication is about sharing information between people. For people with cognitive impairments, they may have difficulties that make it harder for them to express themselves or understand others. Some communication problems can include:

- ✓ losing the ability to speak
- ✓ having trouble understanding spoken, written, or body language
- ✓ difficulty expressing thoughts through gestures or words
- ✓ slurred or unclear speech

These challenges can result from:

- ✓ neurological conditions or birth injuries (e.g. cerebral palsy)
- ✓ brain injuries or strokes
- ✓ problems with memory, attention, or focus
- ✓ difficulty organising thoughts clearly

Applied activity: Think of a person with a communication impairment. What are some challenges they might face? How can you help them?

Cerebral palsy: affects muscle control and movement.

Communication impairments can develop from birth, over time, or from damage to the brain. Some are mild, such as struggling to find the right words, or severe, when people are unable to understand language.

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For people with communication impairments, they may also struggle to make sense of cues that show how other people are thinking and feeling. People with communication

- ✓ use tone, body language or facial expressions that do not match what is being said
- ✓ say inappropriate things or miss when they are meant to talk
- ✓ struggle to listen, remember, focus, or understand
- ✓ struggle to find the right words or put a sentence together

People with communication disorders may need care that is able to change how they communicate. If they are non-verbal, they need consistent, trusting relationships with people who really listen. They need people to know the unique, non-verbal way they communicate their needs, preferences and feelings.

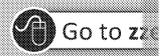
People with communication disorders may need other people to change how they communicate. If they are non-verbal, they need consistent, trusting relationships with people who really listen. They need people to know the unique, non-verbal way they communicate their needs. It is important that care practitioners work with them to support decision-making around them. For example, after a stroke or brain injury, someone might develop aphasia. It is important for them to speak more than a few words or understand what others are saying.

Care providers need to support them to make decisions about their own care. They should support their own way of communicating. It is important that providers do not assume people can do what they actually do. The use of simple language, communication aids, signs, pictures, and gestures can help people with these impairments to be understood and valued. People need to be supported to communicate. They may also want to communicate mainly in writing or gestures instead.

Applied activity: What are some reasons why somebody might have problems communicating?

Applied activity: Can someone have an impairment even if they can communicate?

Research activity: Watch this video: [https://www.youtube.com/watch?v=6u...y](#) and Borders Partnership NHS Trust with learning disabilities. [https://www.youtube.com/watch?v=6u...y](#) **U-communication-2** In your own words, write your response to these questions:



- Why do you think some people have more challenges communicating?
- Why do you think care practitioners accidentally misunderstand the abilities of people with communication impairments?
- What are some of the tools or methods that can be used to help people communicate?
- Why is it important to give extra time when talking to someone with a communication impairment?



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Physical

Physical impairments are limitations in movement and function of the body. People can experience reduced mobility because of conditions from when they are born, conditions which develop over their lifetime, or because of an injury. They can range in how challenging they are, and may be obvious to other people, or hidden.

Physical impairments can change the way people move, their posture, how their body coordinates with their eyes, and their ability to look after themselves. They affect people differently but can cause significant challenges in everyday life. They can also make it harder for people to be independent. Sometimes it can make them tired more easily, so they have less stamina.

Did you know? A physical disability is defined in the Equality Act 2010 as a 'limitation on a person's physical functioning, mobility, dexterity, or stamina'¹³.



Physical impairment	Meaning	Application
Broken bones	Fractures, or broken bones, are temporary impairments. They occur when there is a fall or other accident.	Lots of people break bones easily. But some people have more support to heal. For example, people with osteoporosis tend to break the bones. A person needs also to consider where the bone is located, e.g. people with a broken arm usually need surgery and rehabilitation after a broken arm they usually need
Loss of limb(s)	Some people are born without limbs. But sometimes people may need to have limbs surgically removed (amputated) because of an injury, trauma, infection, or even diabetes.	People need a lot of care after a sudden change in physical mobility. Special artificial limbs fitted to use them. They may need to adjust themselves and adjusting to their wellbeing is also important.
Chronic pain or other conditions affecting movement	Chronic pain lasts a long time and needs ongoing care.	An example of chronic pain is difficult is arthritis or multiple sclerosis . They may have an injury that such as back pain.
Paralysis	Paralysis is a loss of muscle function. It can affect the whole body, or a part. It can also be temporary or permanent.	Paralysis can occur anywhere. Damage to the nervous system may mean a wheelchair and a ramp to their living space; with
Incontinence	Some people lose control of their bodily functions. They may have accidents and leaks.	Incontinence can happen for many reasons. It may be due to needing support to toilet training at childbirth, and as people age it affects daily function. There is support for incontinence though it is a common condition. People need support to understand and support their personal hygiene to support them with kindne

¹³ <https://www.legislation.gov.uk/ukpga/2010/15/section/6>

It is important that person-centred care understands the complex and unique needs of people with physical impairment. The care provided needs to support their dignity.

Research activity: Watch this video showing how services have been developed to support people with incontinence.

[zzed.co.uk/13000-incontinence](https://www.zzed.co.uk/13000-incontinence)

In your own words, describe:

- How have the services improved people's quality of life?
- What might the benefits be of offering these services in people's homes?

Go to [zzed.co.uk/13000](https://www.zzed.co.uk/13000)



People use their senses all the time without knowing it. The five senses are sight, hearing, taste, touch and smell. A sensory impairment is when someone has difficulty using one or more of these senses.

Sensory impairments include:

- ✓ vision loss or blindness
- ✓ hearing loss or deafness
- ✓ touch impairments
 - pain when touching
 - challenges knowing when they are touching something (temperature or pressure)

People can have visual impairments that range from a need for glasses, to complete blindness. If someone has a visual impairment, they can struggle to get around and perform daily tasks. They may use technology such as screen readers, or a service animal such as a guide dog, or a cane to help them identify what something is. Vision loss can be from birth. It can also happen due to conditions that cause eyesight to deteriorate, such as glaucoma.

Hearing impairments can range from mild hearing loss to deafness. This can impact how people communicate and may make them socially isolated. They can improve their functioning with hearing aids and cochlear implants. They can also learn sign language and lip reading to communicate better.

Did you know? Some people are trained to press crossings to help them get across.

Touch is important because it lets people know where their body is in relation to things. It helps people know when to move away from something that could hurt them – for example, a hot stove. But some people have a reduced ability to feel. These touch impairments can affect their ability to feel pain and tingling. Some people have touch impairments because of conditions of the nervous system, such as multiple sclerosis. Pain or temperature as well, they are more likely to get hurt. Occupational therapists can help people stay safe.

When people have combined sensory impairments, they need a lot of specialist care. It affects how they move around and how they live their life. They need to learn how to communicate. It is important that deafblind people have proper assessments and support.



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Did you know? Helen Keller was deafblind at the age of 19 months. She still graduated from college after learning to speak, read and write.



Case study

Helen Keller is a world-known author and activist. She was born in 1880 and became both deaf and blind due to illness. With the care and help of her teacher, Anne Sullivan, she learned to communicate through touch. Over time she learnt to speak by using her hands to feel the words.



She was the first deafblind person to gain a university degree. She dedicated her life to supporting the rights of other disabled people.



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Research activity: Read the case study above, and then watch the YouTube video with an interview with Helen Keller, and her teacher Anne Sullivan in 1928. Despite there was little technology to support her, Helen learned to communicate. Thinking about the principles of person-centred care:

- How did Helen Keller learn to communicate?
- How did the care of Anne Sullivan change Helen's life?
- How does Helen's story show the importance of person-centred care?

Applied activity: How can person-centred care help people with hearing or vision loss?



Applied activity: What would be if someone loses their sight?

Formal discussion questions



1. Why is it important for care providers to think about a person's mobility, communication, and thinking skills, when he or she has a condition that affects these skills?
2. Why does person-centred care focus on how well someone is doing, rather than just their medical condition?



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2.2: Impact of an impairment on an individual's daily life

Everyone deserves to live a full life, regardless of their abilities or impairments. Person-centred care involves tailoring care to people's individual needs. Everybody needs to be able to work to improve their lives. Health and social care supports people to remove barriers, prepare for challenges, and provide support to move forward. People don't need to be treated like children; they need support that suits them.

There are key areas of daily life that may be affected by health and social care. People experience challenges that affect their mobility, communication, personal care, and relationships.

- ✓ **Employment or education:** People's ability to work or go to school can be impacted by an impairment.
- ✓ **Family responsibilities:** Limitations can also affect family responsibilities such as cooking, cleaning, taking children to and from school, or caring for other relatives.
- ✓ **Personal care:** Some impairments might make basic everyday tasks such as dressing, bathing, or cooking difficult. Individuals may need support to do these tasks.
- ✓ **Lifestyle activities:** Impairments might make it harder for some people to do hobbies, exercise, or attend social events.

Did you know? In our survey, 75% of patients said they would like to see more support for people with impairments to get their lives back on track.

When impairments happen suddenly or progress over time, people may need to adjust their lives. The Care Act 2014 requires health and social care services to support people's wellbeing and maintain their life goals to be socially connected and independent. This may involve using technology and assistive devices.

People need to keep parts of their lives that are important to have a meaningful life, staying active, looking after their children, and having hobbies. Daily routines and activities that are important to have a satisfying life. In some parts of life are the same, additional support may be needed.

Having an impairment may mean people need new routines and ways to do tasks. Person-centred care considers people's potential for self-care, work, and social activities. Personalised care plans help identify strengths. It helps people maintain their independence and make good decisions. Building connections is key to wellbeing and feeling good about life.

Did you know? In person-centred care, hobbies, favourite foods, and activities can all be part of a support plan.



Research activity: Watch this video: <https://www.youtube.com/watch?v=13000-buzzfeed-video>. People with disabilities wish you to know they have unique values, and they celebrate. In your own words, write down:

- How do people with a disability celebrate?
- Why is it important to be curious and not assume?

Employment or education

People may need support to learn and work. Being employed, or being in education, can improve people's wellbeing as they allow them to:

- ✓ earn money
- ✓ feel good about what they do
- ✓ meet new people
- ✓ master skills
- ✓ follow routines and structure
- ✓ be more financially secure

Did you know? People with impairments have to work for back pain.

It helps people to feel they are part of, and contributing to, society.

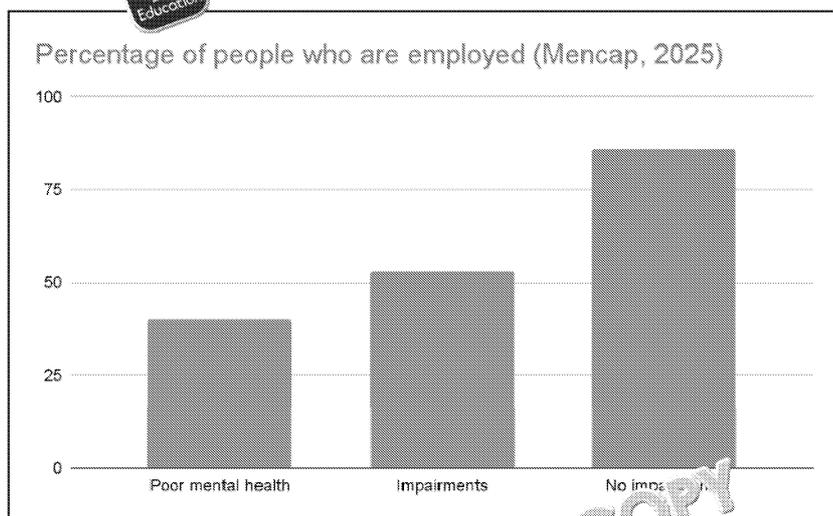
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Despite these benefits, people with impairments often face barriers studying and barriers include:

- ✓ **Getting to and from work:** This could be mobility or transport issues.
- ✓ **Being able to do your job:** People may have a reduced ability to get tasks done due to physical or cognitive impairments.
- ✓ **A lack of workplace support:** Workplaces not making it easy for people with impairments.
- ✓ **Jobs not being accessible:** Jobs are often created for people without impairments.
- ✓ **Lack of opportunities:** There are fewer opportunities for people with cognitive impairments to study. This may be because it's hard to get the qualifications or skills they need to get to employers.
- ✓ **Disadvantages from an early age:** Disruptions to schooling, or poor provision of support for people with impairments to find appropriate study/work options.



Barriers in children with few opportunities for people from an account employ

Because with imp not mat overqua



People have a right to work or attend education. For some people, they need the

Care plans can include help to explore work/study options, and adjustments to support schemes are offered by local authorities to help people get the skills they also provide training and education, job seeking advice, and support writing CVs. people use their skills and capacities. People might work or study by remote work for their education.

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Applied activity: Why is it important to have mental health support in a care plan for someone who can no longer work?

Did you know? In people with special disabilities have care Health and Care (E how health, social, services can work to

Other possible adaptations and adjustments include:

Flexible work/study arrangements	Equipment and technology
<ul style="list-style-type: none"> • Shorter workdays • Flexible hours • Working from home (remote working) • Part-time study or employment • Additional breaks • Workplaces, schools, support • Mobility schemes 	<ul style="list-style-type: none"> • Hearing aids • Speech-to-text software • Screen magnifiers • Tactile markers or Braille signs • Hearing aids • Subtitles • Ergonomic furniture • Mobility aids (e.g. wheelchairs, walking frames) • Driving aids



Case study

Steve is a 35-year-old man working in the building industry. He is 16 years old. He suffered a fall at work and has not been able to work since.

This has impacted on his wellbeing. He has developed depression. His care plan includes health support. He needs help to get back into work.

Steve's care plan includes support to return to work. He has started an online business development course to help him develop the skills to start his own business as a constant. He can use his experience in a different way. This will support his employment and give him a sense of purpose.

Research activity: Watch this short video by WatchCDC about health and social care plans for children. [zzed.uk/13000-plans-for-children](https://www.zzed.uk/13000-plans-for-children)
 In your own words describe why joined-up care plans are important for young people with impairments or special educational needs.

- Why is it important to support education for children with an impairment?

Go to [zzed.uk/13000-plans-for-children](https://www.zzed.uk/13000-plans-for-children)

Applied activity: Research and discuss:

- How do care plans help people after a serious illness?
- How might a life-changing event affect someone's sense of purpose?

Did you know? 99% of people with impairments live with mental health problems.

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Family responsibilities

People want to have a positive family life. Having strong connections with people, purpose, and joy.

Sometimes people needing care also have people in their life that they care for. Care providers need to know this, because people that supports people needs to understand how they live on a day-to-day basis. They need to prevent potential harm that **dependents** of people needing care may experience without support.

Some people have caring responsibilities as part of their everyday life. Family responsibilities include:

- ✓ taking children to and from school or day care
- ✓ caring for a relative (e.g. a parent), a partner or a close friend with a disability
- ✓ shopping for and making meals for the family
- ✓ organising and attending medical appointments
- ✓ helping their children do their homework
- ✓ doing morning and bedtime routines
- ✓ cleaning
- ✓ laundering clothes
- ✓ planning activities or routines

These are some of the responsibilities that help a family function well and help everyday responsibilities are important. They take time, organisation, and a lot of energy.

Care providers need to take the time to understand how people live daily. People care for other people. This can include a child, partner, parent, or close friend. People provide emotional and practical support for someone else, even if they have their own impairments.

The care plans should support the right help and prevent harm. Without good support people may experience. The people they care for – like children – may not get what

A person-centred approach helps people to continue caring for the people in their life and provides the right kind of help. Care providers look at what the whole family

- ✓ support setting up good routines
- ✓ support setting up school runs
- ✓ help attending appointments
- ✓ setting up support from other care services, e.g. transport
- ✓ access to a budget for **respite** care or other support

Sometimes, people are both carers for other people and need care themselves. People take on caring roles. Health and social care providers try to support families so that they can do as much as they can. People have the right to a private and supported family life.

Care plans sometimes involve different services. This might include education, health care, and support. The right help, at the right time, can make a big difference to someone's life.

Applied activity: How important for care plans to support family responsibilities?

Applied activity: How might people with dementia think people with dementia might need?

Dependent: someone who relies on someone else for money, care, and vulnerability.

Vulnerable: someone who is at greater risk of harm or facing a difficult situation.

Respite: a short period of time when someone who provides care for another person can take a break from their caring role.

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Personal care

Personal care is any activity that supports a person's basic personal needs and helps people to be comfortable, have dignity, and be independent.

Examples of personal care may include:

- ✓ **Feeding:** being able to feed themselves.
- ✓ **Toileting:** being able to access and manage their use of a toilet.
- ✓ **Dressing:** being able to dress properly for different weather and events.
- ✓ **Cooking meals:** being able to cook, prepare, and eat food.
- ✓ **Cleaning the house:** being able to maintain a clean, safe home.
- ✓ **Washing:** being able to keep their body clean by washing and bathing.

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resp

When people have impairments, they still need to take care of themselves through personal care. But some individuals are unable to do these tasks without support. People may need help because of a physical impairment, long-term illness, or a cognitive condition (e.g. dementia, learning disabilities).

Support is needed when someone has an impairment that:

- ✓ prevents them from being able to carry out two or more daily personal care tasks; and
- ✓ has a significant impact on their quality of life.

Wherever possible, people need to maintain their privacy and dignity. When individuals receive their personal care, they must feel their dignity is respected. They still need to remain involved in their routines and decision-making.

Applied activity: What do you think it means by protecting someone's dignity? Why is this important?

Research activity: Look at the website titled 'The seven principles of dignity' on a page of A4 to be used in care is.

Social and lifestyle activities

A good life is more than health – it is about being socially connected, feeling valued, and having things that matter. People have values that guide who they are. These values guide their choices and who matters in their life. Social and lifestyle activities play a big role in having a good life.

Having an impairment may make people feel more isolated because they have more challenges. Finding people who share those struggles can help someone feel less alone. It can be harder to socialise or take part in activities. People may have mobility problems, lack of transport, or experience stigma. This can affect their social and lifestyle because:

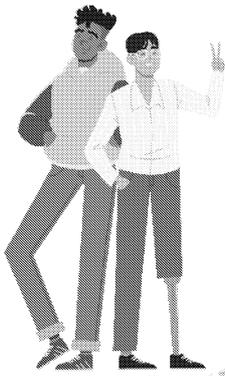
- ✓ It can be harder to go out and meet friends or go out for meals.
- ✓ It might be harder for people to be physically active when they have reduced mobility.
- ✓ People may have pain or discomfort that makes it harder for them to be mobile.
- ✓ Venues and social settings may not be accessible for people with impairments, making it harder for them to join in.

Social activities are things that people do with each other. They include going out to eat, socialising with friends, and attending clubs and groups. They help people feel less isolated or lonely.

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your

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Lifestyle activities are things people do that reflect their routines. This can include exercise, and hobbies such as these things supports people’s physical, emotional, and do the things that matter to them, they have better me more meaningful.

Being socially connected and active helps people feel m their wellbeing. A key part of person-centred care is he This includes supporting them to be active, spend time hobbies or interests. A care plan supports people to be social by transport planning, or support to connect them

Supportive networks help people meet needs for:

- ✓ emotional support
- ✓ practical help
- ✓ feeling connected

Being isolated or lonely is harmful to health and wellbeing. That’s why supporting social connections is part of good care. Sometimes people don’t just need personal care and medicine – they need meaning and connection.

With the right support, people can live fulfilling lives. They can socialise through online groups, adapted activities, accessible events, or local community groups. Care plans should include strategies to help people stay connected and do what matters to them. People need to be celebrated for who they are and encouraged to build on their strengths and interests and be supported to do what matters.

Case study

Diana is 76 years old and has lived with chronic pain since she was young. Over her life, she has had several joint replacements. Recently, her pain has become severe. She visited her doctor who was struggling to walk and the doctor referred her to see a specialist. The specialist tells her that the pain will increase over time and offers pain relief.

Diana is staying home more often because of the pain. Usually, she sees friends at a local club and swimming. However, it used to go to art class every week but long periods is painful, so she has stopped.

Applied activity: Read the case study, right. What kinds of support might help someone like Diana keep doing the things she enjoys?

Orthopaedic
muscles and joints

Research activity: Read the NHS care plan article linked here: [zzed.uk/13000-care-plans](https://www.zzed.uk/13000-care-plans)

Go to [zzed.uk/13000](https://www.zzed.uk/13000)

Why do you think it includes the statement ‘you can... do the things you enjoy’? In your own words, write a brief paragraph about why you think it is important for care plans to support people to do things they enjoy.

Did you know?
impairment
technology
with daily life

Formative discussion questions

1. Why might it be harder for people with invisible impairment to get the support they need?
2. Why is it important that care plans include social and life activities?

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Questions (2.1–2.2)

Checking my understanding:

1. What are some examples of communication impairments that can make it hard to speak or be understood?
2. How can person-centred care help people who have trouble communicating?
3. Why is it important to understand a person's communication needs when providing care?
4. Which of the following is not an example of a social or lifestyle activity?
 - A. Going out to eat
 - B. Socialising with friends
 - C. Attending a yoga class
 - D. Taking medication as prescribed
5. Name **one** example of a personal care activity.
6. Why is personal care important for a person?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

1. Write a plan about how you would interview someone. Considering a person-centred approach, an impairment might impact their education/skills, their family responsibilities and lifestyle.
 - How will you meet their unique needs and preferences?
Write a brief introduction that you would use to explain your role in talking to the person in your own words why you are assessing them and their information. Make sure you include your name and role.
 - List **10** questions that will support you to understand their preferences and communication needs.

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2.3: Understanding care and support from impairment

To deliver person-centred care, support needs must be understood. Both the NHS and local authorities play an essential role in understanding people's unique circumstances and values. People with impairments ought to be supported to have independence and an enhanced quality of life.

An important part of person-centred care is identifying what is most important for people and how they want to live. People with impairments have specific needs related to their impairment.

Holistic: considers the whole person, their mind, body, soul, and beliefs.



Personalised care plans need to be developed through open communication between care providers and people with impairments. People with impairments need support to actively manage their health and meet their holistic needs. **Holistic** is a whole-person approach to care that considers all aspects of their life that matters.

Care practitioners should make sure that care is sensitive to people's values and needs. The care needs that may need to be prioritised can be put into categories using the acronym PIES. This stands for physical, intellectual, emotional, and social/lifestyle.

P hysical needs	Care practitioners need to support people by considering their mobility, nutrition, and hygiene needs.
I ntellectual needs	People with impairments may need support to make decisions, access their education and learning opportunities.
E motiona	People with impairments need to feel good about themselves and may need support to develop self-esteem. They may need support to have good mental health.
S ocial and lifestyle needs	Care providers may work with people to support their social needs and find a place in the community.

There are care and support needs that can arise from having an impairment. Every impairment is unique. The physical impairment could be because of a disability from birth or due to an injury or condition, or it could be progressive and get worse over time. Support helps to improve their quality of life and overall long-term wellbeing.

Person-centred care should also ensure that people can get reliable health and social care that meets their individual needs. It is vital that care practitioners help people maintain their independence. Support that meets their care needs helps them transition between services. Working with more consistent care practitioners and services. This will make them feel more confident and taken care of.



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Identifying and prioritising care and support needs

Did you know? 50% of doctors' appointments are for people with long-term conditions¹⁴.



After a consultation or an assessment, a care plan is created. The plan is based on the person's personal preferences. Together, they identify potential barriers and challenges, set goals and strategies.

The care practitioner and the individual work together to make decisions about what to do. They develop a shared understanding of the person's priorities and what needs to happen to meet their needs with the person's goals and independence.

Practitioners play a key role in assessing people's care needs, planning care, and involving the person in decision-making. Sometimes, the person needing care has someone speaking on their behalf. They are called an **advocate**.

Applied activity: Why is it important to look at the whole person and not just their impairment?

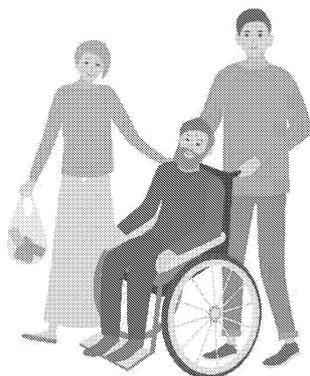
The care plan must:

- ✓ understand the whole person, not just their impairment
- ✓ consider the person's medical needs and personal preferences
- ✓ look at social, emotional, and lifestyle needs
- ✓ be flexible
- ✓ respect the person and their dignity

The care plan needs to identify the role of social support in their wellbeing. Professionals work together with people needing care.

Usually the plan:

- ✓ identifies the person's unique needs and preferences
- ✓ creates a care and support plan
- ✓ explains the steps needed on the care journey



Gathering information

Practitioners talk to people to assess what they need. They use tools and forms to identify the person's needs. Good communication is key and may be done by one or both of the two. They gather information about:

- ✓ the unique needs of the individual
- ✓ the person's skills and capabilities
- ✓ what is important for them
- ✓ what is important to them
- ✓ what they need support with
- ✓ what they can do without help

Applied activity: In small groups, discuss potential barriers a person with long-term conditions may face. How can a care provider support them to overcome them?

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¹⁴ <https://committees.parliament.uk/writtenevidence/44601/html/>

Care planning

After people have had an assessment that identifies their needs, practitioners plan challenges and problems that might arise in the future. This helps them to prioritise

As the practitioners develop the care plan, they need to think about:

- ✓ whether the person knows the reason for the assessment
- ✓ whether the plan is flexible, and considers the unique preferences, desires, and
- ✓ whether the person is fully involved in decision-making
- ✓ whether the person feels their independence and dignity are considered
- ✓ whether the person has shared what is important for them, and to them

Care practitioners make use of the information to make a plan that can improve the quality of life. Care planning can occur either in a hospital setting, at home, or

Working in partnership produces higher-quality care. Practitioners identify the strengths and empower them to make their own decisions. Any advice and care options will be based on the individual. It is vital that the person gives consent to the care offered and is involved. Care providers must assume that people can make their own decisions, unless the person cannot in the case.

Physical needs

People need support with physical needs when they're unable to manage these themselves. In these circumstances, it is vital that their dignity and privacy are respected.

In person-centred care, it is vital that people feel their preferences are supported, even when they rely on others to support their physical needs. Good communication is essential. People should be involved in all the decisions about their physical needs. Care providers ask and explain during the care process.

Some of the types of physical care and support needs may include:

- ✓ **Mobility:** purposeful movement of someone to a different position or location
- ✓ **Manipulation:** purposeful movement of someone's body to support them to do tasks such as eating and dressing.

Mobility: people may need help to move from one place to another.
Manipulation: people may not be able to do things on their own. They may have to use help to move or do things.

When people have **mobility** needs, they may find it hard to walk around or put things away. They may need support to be transferred from a bed to a chair, for instance. Care providers must get the person's permission before they move them, either their position, or their location. Care providers should check the individual's wheelchair and bed to make sure they are safe and cannot roll away. Care providers should ask people, so they are comfortable, asking them first. People need to feel as safe as possible.

Sometimes people need support with **manipulative issues** such as dressing and eating. They may have physical limitations that make it difficult to bend down, reach things, or pull clothing on or off. People may be born with physical limitations or develop them over time. For some people they have chronic or long-term conditions (e.g. diabetes) that cause impairment as they progress.

Did you know? Some people may have a condition that makes it difficult to move. Some people may have a condition that makes it difficult to do things on their own. Some people may have a condition that makes it difficult to do things on their own.

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Sometimes, dressing and undressing can be challenging. This may be because of physical impairments. When people have cognitive impairments, such as dementia, they may not remember how to get dressed or remember the order in which clothing needs to be put on.

People may need support knowing what clothing is appropriate for the weather or the occasion. But sometimes they have challenges putting on or taking off clothing – such as socks, underwear, shoes, or clothing with zips and buttons. They may need help from other people to help them dress, encourage them, or be teaching them how to use aids.

People may not have control when they go to the toilet or urinate. This is called **incontinence**. When people struggle to care for their toileting needs, care must consider their emotional health and dignity too.

Continence: the ability people have to control their toileting functions (bladder and bowel).

Food and drinks are essential for life. But impairments can make it difficult for people to feed themselves and take in enough fluids. When this is the case, the care plan must ensure that nutritious and tasty food is available. There are also cultural and religious considerations. Some people only eat vegetarian food. It's important for care providers to know this well.

Case studies

Grace is a 79-year-old woman with dementia. She moved to a care home following hospitalisation. When she arrived, she was wearing the clothes she had been given during her hospital stay. She started wearing her own clothing – items that reflect who she is. When she wears these familiar clothes, she feels more confident about herself, more relaxed, and comfortable.

Imogen is a 20-year-old with multiple sclerosis. She has been a wheelchair user for several years. She loves wearing nice clothing with bright colours, jewellery, and bold make-up. She has found that Primark clothing store, Primark, has started to produce clothing for wheelchair users. She finds that this clothing supports her sense of independence and is also being easy to put on and take off. The clothing has Velcro fastenings that allows her to dress herself and be more independent.

Research activity: Look at the Primark Adaptive clothing range web page.

[zzed.uk/13000-adaptive-clothing](https://www.primark.co.uk/13000-adaptive-clothing)  Go to [zzed.uk/13000](https://www.zzed.uk/13000)

- What do you notice about the changes they have made to this clothing?
- How might being able to buy clothing that is easier to put on and take off help people with impairments?



Intellectual needs

People with cognitive impairments often have intellectual needs. Intellectual needs include the ability to problem solve, reason, learn, and communicate. How someone is intellectually is often expressed through their behaviour, thoughts, and emotions. It's important to understand a person's abilities and how they can best understand and interact with the world around them.

When people have *memory loss*, they struggle to remember and understand things and make decisions. They may feel like life has slowed down and this may be distressing and impact a person's sense of identity and their quality of life.

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Impairments can affect people's ability to process, receive, or even detect other people's feelings. This can make hearing, speaking, or understanding language challenging. This can be because of a stroke or a learning disability. Communication becomes very challenging because they're thinking or feeling, they can't pass on information, and they're challenged by other people's emotions, thoughts, or opinions.

Communication must be adapted to help them understand processes and information. People with intellectual impairments often require a support system to help them communicate. Information to be presented in small, easy-to-understand chunks, with more time given to process it. They may need others to repeat themselves or explain things differently, or speak more slowly. It's important not to be pressured into accepting a decision.

People with impairments still need to live independently, even if their ability to do so is less. Routines may also need to be adjusted to support their intellectual needs. Empowering people to make choices about their care gives them a sense of control.

Research activity: Have a look at the video which helps children remember what to wear on clothing. zzed.uk/13000-g Create your own vision aid or ask someone to get dressed for the day. Use your own or use free images.

Emotional needs

In person-centred care, emotional needs are the parts of care that help people feel heard, and valued. Emotional support means offering reassurance and building trust, the foundation of care. This helps people feel understood and valued. What is important to them is just as important as what is important for them.

Care practitioners must create an environment where people feel understood, valued, and supported. They have open conversations about mental health, which helps people get support for emotional wellbeing. Emotional support involves empathy and respect for everyone's feelings and experiences. Care should be compassionate and recognise the emotional impact of illness or care needs.

Emotional needs can be complex, so care plans need to look at the whole person. They include dislikes, culture, and preferences. When practitioners build a care plan that considers emotional wellbeing, it creates trust and emotional comfort. People need to know their matter. A support network also helps people feel more secure.

Sometimes people need support with their mental health to adjust to changes that come with an impairment. A person-centred approach addresses emotional needs as well as physical needs, helping people to be independent. Identifying needs requires sensitivity and active listening that aligns with the person.

Mental health is just as important as physical health. Conditions such as depression, stress and anxiety need care that supports people's self-esteem and emotional wellbeing. Emotional needs may develop as people face changes due to the impairment.

Did you know? In Wales, all care workers receive training each year.

Self-esteem relates to how much value people place on themselves. This is how they feel about things in life. People with good self-esteem believe they deserve to be treated with kindness and respect. Those with low self-esteem, they may feel like they are depressed or have trouble making decisions. This is important in person-centred care. People should be supported to make choices about their care.

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Care practitioners support emotional wellbeing in many ways. They use caring co people for therapies such as:

- ✓ **Cognitive therapy:** skilled professionals offer cognitive behavioural therapy (CBT) to help manage anxiety and depression.
- ✓ **Mindfulness skills:** therapists may teach people mindful practices to manage stress and pain.

Applied activity: W with low self-esteem choices about their

When care practitioners talk to people about their emotional wellbeing, it improves the quality of care and the support they can access. Practitioners also get feedback on what is and isn't working. They help people maintain their health and self-esteem. This means they respect the person they are, and base care around their unique needs.



People may experience:

- ✓ difficulty coping with the impairment
- ✓ difficulty adapting to changes
- ✓ frustration or feeling overwhelmed about their needs
- ✓ cognitive challenges (such as memory issues) that affect quality of life

For too long, people with emotional and mental health challenges have faced stigma. This has led to them having unequal care and poorer outcomes. Pe foundation of good health and social care. When care workers follow its values, t that helps people feel understood, valued, and emotionally safe. Care plans focus important part of care because sometimes the journey to wellbeing needs long-te

Case study

Eloise is a 50-year-old woman who has spent the past 30 years receiving care due to complex mental health challenges. For much of her life, she struggled to cope with her emotional wellbeing and felt she had little control over her circumstances.

Recently, Eloise began receiving support from a person-centred community service. With their guidance, she has been able to make significant changes that have led to a more independent and fulfilling life.

Her emotional wellbeing has improved, and as a result, her self-care has also strengthened. Additionally, behaviours that were once concerning have reduced, as Eloise now feels more positive about her life and has greater self-esteem.



Applied activity: V people with low se to make choices ab

Applied activity: B Discuss in pairs, wh after herself better centred care?

Research activity: does person-centre health services?' zzed.uk/13000-me In your own words, care supports peo health challenges.



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Social needs

Person-centred care must also support people to have a good social network. This helps and improves the experience people have when involved with health and social care.



Belonging is a basic human need. People form their friendships, make new connections, and build their community. In person-centred care, social needs are supported alongside the physical or medical care.

A good social network has a positive impact on physical and emotional wellbeing. Everyone needs to connect with others and have good social experiences.

There are lots of reasons people can become isolated, such as they leave the workplace, their friends or family pass away, or of disability or illness.

Sometimes people struggle to make friends or maintain friendships because of impairments. Cognitive impairments might make it harder to communicate or understand social cues. Physical impairments can also make it harder for people to get out and about, access activities, or join groups. This is especially true if activities or public spaces are not designed to include everyone. It is also harder for some people to develop social skills. These skills help people build personal relationships. They help individuals become more responsible, develop self-esteem, understand what's right and wrong, resolve conflict, and follow rules. Without these skills, it may be harder to interact with other people and build meaningful relationships.

Did you know? Older people often go over a mile to a family member's home.

Isolation and loneliness can affect people at any age. There is still a lot of stigma around loneliness, so people tend not to ask for help. But care plans can support people to become more socially connected. When meeting people's preferences, it's important to also consider their social needs.

App of a person or their family.

Helping people balance independence and support is essential. Assessments help people to participate in social events. They also help individuals feel more in control of their lives. Family, friends, and carers should also be included in the care process. The person's life and support people to feel emotionally and socially well.



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Social prescribing

People can be prescribed community-based activities that boost wellbeing. This is a person-centred way to treat chronic conditions, anxiety, and loneliness. It connects people to activities they enjoy. The NHS and other services offer this when a health or social care professional refers you to a community-based activities group.

It helps connect people to groups, activities, and community services. This leads to improved social wellbeing, which supports overall good health and wellbeing.

In social prescribing, social care and health services refer people to social prescribing link workers. These professionals support individuals with a focus on what matters to them and co-create a personalised care plan based on their preferences.

Did you know? People who take part in social prescribing are less likely to be lonely over time.

Link workers may connect people with existing community groups or help them start new ones. They work in partnership with other services. Social prescribing is for everyone, regardless of age or impairment.

People may be eligible for social prescribing if they:

- ✓ are lonely or isolated
- ✓ have one or more impairments
- ✓ experience mental health challenges
- ✓ have social needs impacting their overall wellbeing

 Go to zzed.uk/13000

Research activity: Have a look at the Re-engage website about the benefits of a charity that supports social wellbeing: zzed.uk/13000-re-engage

- How do you think programmes like Re-engage can help older people feel less isolated?
- Why do you think this is important?
- Why do you think it is important to include the experiences of older people in care when designing services to support them?

Applied activity: Write a list of activities that your friends and family would find important for people aged 65+.

Applied activity: Write a list of activities that your friends and family would find important for people aged 65+ who are experiencing social isolation.

Supporting independence, control, and quality

To be truly person-centred, care must value independence, control, and quality of life. People should be able to feel they can manage their own life and care, and that life is meaningful. A good quality of life but also supports respect and dignity. Practitioners must work with people to ensure their values, preferences, background, culture, and what they care about are all taken into account.

When people are actively involved in creating their care plan, they can be empowered to make their own decisions. This requires clear, accessible information that is shared in a way that people can understand; have the right to be involved at every stage of the care planning process; and to have their views and beliefs respected. Effective care planning involves:

- ✓ recognising and supporting people's physical, emotional, social, and spiritual needs
- ✓ working with people and the people who matter to them, to make a care plan that reflects their needs and preferences
- ✓ setting realistic goals together

People should be supported to do as much as they can for themselves when it is safe to do so. When people have more control over their life and their care, this is called autonomy.

- ✓ **Respect and dignity:** their needs and preferences are respected.
- ✓ **Rights to make their own decisions:** they are allowed to make their own decisions about their care.
- ✓ **Independence:** they have choice and control.

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Questions (2.3)

Checking my understanding:

1. How can care practitioners make sure that people with communication impairment can express their care options?
2. How can low self-esteem impact a person's wellbeing?
3. How can person-centred care reduce loneliness?
4. How do developing a good social network improve people's wellbeing?
5. What strategies can care practitioners use to help individuals improve their wellbeing?

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

Case study:

Max is 24 years old. He recently had a motorbike accident. As a result of the accident, he has a physical impairment and now needs to use a wheelchair. He lives with his partner and a three-year-old daughter. He used to go to the gym and hike regularly and take his child to the park.

Since the accident, Max has been struggling with physical impairment. He is frustrated and there is worry about his future and the ability to provide financially for his family. He has been isolating himself from friends. He has lost confidence in himself and has stopped doing things he used to be able to carry out some of the tasks he used to do independently.

Read the above case study and then fill out the questions.

1. Create a one-page profile for Max. You can add in details you imagine.
2. Consider the PIES needs Max may have. Write 1–2 bullet points for each:
 - **Physical:** How might Max's physical impairment affect his daily life?
 - **Intellectual:** Have Max's injuries impacted his cognitive abilities?
 - **Emotional:** How has the injury impacted Max's mental wellbeing?
 - **Social and lifestyle:** How has Max's social life changed?
3. For each aspect of PIES, write one suggestion on how a care plan could support Max:
 - **Physical:** How might Max's care plan consider his preferences and choices to support Max at home?
 - **Intellectual:** What skills might support Max to regain his independence?
 - **Emotional:** What emotional support could be included in Max's care plan to improve his wellbeing?
 - **Social and lifestyle:** What support might help Max rebuild his social life?

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2.4: Addressing care and support

When *addressing care and support needs*, practitioners carry a big responsibility. They ensure that the people they are supporting understand their goals and the best ways to achieve them. They ensure that the care makes sense to the individual. For people with impairments, it's important that they are supported as someone who needs fixing.

In person-centred care, practitioners determine how much support people need through **holistic assessments**. They look at the whole person. This means they consider:

Holistic: considering the whole person, including their mind, body, and emotions.

- ✓ **Emotional and mental wellbeing:** including strategies to support emotional and mental health.
- ✓ **Mobility:** providing support, aid and equipment to help people get around.
- ✓ **Nutrition and hydration:** ensuring people have a balanced diet and enough fluids.
- ✓ **Personal care:** providing practical support to help people dress, wash, and toileting.
- ✓ **Social interests and activities:** including support for people to be social and active.
- ✓ **Spiritual and cultural wellbeing:** respecting people's beliefs about religion, spirituality, and culture.

It is also important to consider how others can support their needs. Practitioners gather information, such as conversations, feedback, and reviewing what is or isn't working. They ensure that the care plan is personalised. It focuses on what is important to the individual, and they ensure that, importantly, the care practitioners respect the individual's wishes.

Considering an individual's needs

Section 1.5 *creating a one-page profile (OPP)* describes a tool used to collect a snapshot about what matters to a person. The following topic shows how practitioners use the information collected in an OPP.

The information collected in an OPP details what is important to a person (such as their preferences, routines, and people) and what is important for a person (such as their health, safety, and support needs). This snapshot helps care providers provide care that is in line with other people's needs, values, and desires.

Once providers know what is important for, and important to a person, they can offer **evidence-based** care options, explain the benefits and challenges, and describe people's wishes.

Care involves multidisciplinary teams. This means people from multiple teams and services working together to deliver care. Sometimes, what the practitioner thinks is a priority may be different from what the person thinks is a priority. Care decisions must be discussed and agreed in collaboration. *It is important to remember that the individual's wishes are paramount.*

A key step is to identify the needs people are related to their impairment. These are high, intermediate, or low priority. The provider will suggest appropriate care and support based on the person's needs. Throughout this process, all decisions are agreed with the person.

Applied activity: How might a person feel if hospital staff didn't introduce themselves to them?

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- Goals are then created collaborative person hopes to achieve. These go term. Sometimes they have goals th A common way that providers supp framework called SMART goals. Thi
- ✓ **Specific:** clearly define what goal
 - ✓ **Measurable:** people should be able to know when the goal has been achieved
 - ✓ **Achievable:** with the right support be able to achieve the goal.
 - ✓ **Realistic:** the person and support doing the steps needed to complete
 - ✓ **Timely:** the goal has a clear time

The care plan must deliver specific actions, support, or treatments that meet the that they are appropriate to the person's unique needs. All care must be schedule person needing care. Each action is completed in steps in an orderly way that ma follows a logical order. An example of this might be when someone breaks their a specific steps.

Reviewing the care plan

Care plans are reviewed frequently to ensure everything is still working for the individual. Regular reviews allow for improvements and adjustments as needs change. This may be on an ongoing basis, or at specific points. If the review shows that the goal is not possible, the person will work with the care provider to reassess their needs and make changes to the care provided in the plan.

Research activity:
Trust 'If You Listen, zzed.uk/13000-if- The video shows w important for peo impairments.

- Why do you understand ho communicate
- Why is it impo them well writ communication

Care planning is beneficial. It can improve the quality of care and improve care outcomes. It makes sure the wishes of the person are respected. It helps people manage their lives and maintain independence.

Being able to understand the unique needs related to impairments is a vital part of Communication is a fundamental process. Through conversations, care providers experiencing, their strengths, and skills. By focusing on what matters to them the supports all parts of a person.

Person-centred care in different settings

Person-centred care is provided in different settings. While health and social care organisations may be different, they all treat people with respect. Across different care environments, practitioners use good communication to listen and understand people's preferences and values.

A hospital might focus on health short-term outcomes and look less at meeting the needs of the whole person. They listen to the person's main concerns about their treatment together. A care home look more at long-term care and put more priority on emotional wellbeing and providing meaningful lifestyle choices. Both care homes and community support people to meet their social needs.

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Person-centred care in different settings

	<p>Hospital</p> <p>Person-centred care can be more challenging in the hospital environment because people tend to have more acute, or urgent needs. There is also time pressure and a lot of stress because people need care to be accurate. The care in this setting is about people's health and is usually short-term.</p>	<p>Com stay coord supp the supp capa peop activ</p>
<p>Palliative and end-of-life care</p> <p>Palliative care supports people with serious illness. People may need pain support to be comfortable. They need family and close friends to support their dignity. Care providers may also help people make plans for how they want to live at the end of their life. This takes a lot of sensitivity and care. Care tends to be more holistic, and may support emotional, spiritual, and religious preferences more.</p>	<p>Mental health settings</p> <p>Mental health care supports people to move out of a crisis and recover. People are given options for therapies such as cognitive behavioural therapy (CBT) or mindfulness skills. Practitioners focus on building good relationships, with lots of empathy. People are supported to identify their strengths and build on them.</p>	<p>Care need day hom care resid on le betw resid about they eat soci whe</p>

Research activity: Watch this video on strengths-based approaches in practice by SCIE. [zzed.uk/13000](https://www.zzed.uk/13000) **Strengths-based approaches**

Sum up why you think it is important to support people to see 'what is strong', rather than 'what is wrong'.

 Go to [zzed.uk/13000](https://www.zzed.uk/13000)

Did you know
a person-centred approach leads to higher patient satisfaction and better outcomes.



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Equipment to support

Sometimes people need home adaptations or equipment to make their life easier to include support for people to use tools that can help them live in a way they wish to stay independent.

Equipment supports person-centred care in a number of ways; these include:

- ✓ **Promoting independence:** equipment can help people to do tasks for themselves. Examples are dressing, bathing, toileting, and cooking.
- ✓ **Supporting people to have privacy and dignity:** some activities such as toilet use are important for people to do for themselves where and when possible.
- ✓ **Making care safer:** some equipment helps people to do tasks more for themselves. Showers and mats with support to prevent falls.
- ✓ **Making care more personal:** equipment can help people adapt care to suit their needs, offering more flexibility and choice over their daily routines when they do more for themselves.
- ✓ **Helping care be continued at home:** when people can do things for themselves, they can stay at home and activities with less support.



Did you know?
Some people have hidden disabilities that may not be obvious. Make sure your care is accessible to everyone.

People have different care and support needs that arise from their impairment. It is important to work together with them to identify these needs and help them prioritise them. It is important to:

- ✓ **Respect for individual choice:** people must be respected in their choices. Care workers should select the right aid or equipment by working with them to understand what they need. Aids should reflect their preferences, lifestyle, their need for comfort and other needs.
- ✓ **Informed decision-making:** access to advice and information is essential for people to make choices. People can try different aids to see what suits them best.
- ✓ **Fair access:** equipment and aids should be available to everyone, regardless of their impairment. Person-centred care ensures that everyone has access to equipment by providing information and support.
- ✓ **Support services:** people often need support to learn how to use their mobility aids. Occupational therapists or physiotherapists who can teach them how to use them.
- ✓ **Flexibility:** sometimes, aids need to be adapted to suit a person's body. This ensures they are comfortable, and independent.

Technology can also assist people to support communication. These include hearing aids, and apps for text messaging, magnification, and text phones.

Research project: Some care homes in the UK have a wishing tree. Residents write their wishes on paper and hang them from the tree. Care teams and other support people help to make these wishes come true. Find out more about the following link: zzed.uk/13000-wishing-trees In your own words, write some wishes that are important to support people to have wishes. Write some of your own, or for some other person. Make an A4 poster.

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Mobility

Sometimes, people with physical impairments need equipment to support their movement. This helps individuals choose the most appropriate aid for their needs. The main types are:

- ✓ **Walking aids:** this includes walkers, canes and crutches. They help people balance and also take pressure and strain off people's lower limbs so they can move with less effort.
- ✓ **Wheelchairs and mobility scooters:** when people have severe balance issues or difficulty walking, they use aids that are specially adapted for their needs. People with paralysis, for example, use powered wheelchairs that are controlled by eye movement or their mouth.
- ✓ **Stair lift and lifts:** if people have any access or mobility issues, they may need support to get up and down stairs or moving throughout a building.
- ✓ **Special mobility aids:** some people may need aids to support their movement, e.g. handrails, shower chairs, mobility scooters.



Mobility aids can give people more independence and dignity. They can help people move around in ways that support their lives and goals. Person-centred care gives people the information to choose what works best for them. As an example, someone who struggles with mobility might think about using an aid to move around instead of a wheelchair.

Applied
equipment
what works
in the person's
life

Research activity: This video by a specialist rehabilitation centre shows how people are partners in their care, not just as a person needing equipment. [zzed.uk/13000-well-being](https://www.zzed.uk/13000-well-being)

- How do you think trying out different wheelchairs on different surfaces helps people to be more person-centred?
- Why do you think it's important for professionals to ask wheelchair users about their views on the assessment?

[Go to zzed.uk/13000](https://www.zzed.uk/13000)

Nutrition and hydration

The NHS has issued guidance to "live well". Part of living well is staying active, healthy and maintaining a balanced diet. People with impairments may need to change how they eat and drink. Their care plans should take this into account.



Wellbeing also considers what people eat and drink. Sometimes people struggle to look after their nutritional needs and hydration and this can make them unwell, or hamper recovery. Being able to eat safe and nourishing food is vital for good health and wellbeing. Both **nutrition** and **hydration** can impact people's mood, health, and ability to recover from illness.

Hydration
need
water
delivered
Nutrition
people
health

People have unique preferences and choices around their diet. What people eat is very personal. What people eat is influenced by:

- ✓ likes
- ✓ dislikes
- ✓ cultural beliefs
- ✓ religious practices
- ✓ allergies
- ✓ dietary restrictions
- ✓ ethical food choices (e.g. vegetarian, vegan)



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¹⁵ <https://www.nhs.uk/live-well/>

These plans should detail food and fluids that cater to people's unique preferences and potential risks. For instance, some people may have food allergies or a risk of choking. Food must always be safe. When people require assistance to eat, they must be treated with the utmost respect and have their dignity supported.

Applied activity

- How do you know if someone is hungry or thirsty?
- Why do you think people might not have a balanced diet?

When people have difficulties eating or drinking, they may need to use equipment to help them eat. This might be due to a physical impairment such as dementia. To assist people to eat and drink, aids may be used such as:

- ✓ easy-to-grip cutlery
- ✓ cups with handles
- ✓ angled plates
- ✓ non-slip mats
- ✓ plate guards
- ✓ cups with lids and straws
- ✓ no-spill cups
- ✓ lap trays
- ✓ portion-control plates
- ✓ clothing protectors and bibs

Deliverables

- People do not have hydration or nutrition issues.
- People have a balanced diet.
- People have good nutrition and hydration.
- People have good nutrition and hydration.

Eating and drinking aids should be provided to help people to eat independently in an accessible way, such as cutting food into bite-sized pieces or blending it. Both safe temperature but also the right temperature for the meal, i.e. hot meals need to be served hot.

Case study

Lorenza is 80 years old. She lives in a residential care home. She has moderate dementia and she sometimes forgets to eat and drink. She has a high risk of **malnutrition** and dehydration due to her condition.

Staff want to support Lorenza and want to treat her with respect. They offer her help to eat and drink at mealtimes. They use clear language and use pictures of the menu to help her choose.

They give Lorenza time to decide and take care to not rush her at mealtimes. She has adapted to the care home and is easier to use. Often, they provide food that is easy to be eaten and provide her drinks in her favourite cup from home to encourage her to drink. They also offer her verbal reassurance at mealtimes to support her to eat. They watch her communication carefully, like turning her head from the food. They change how they offer food to providing comfort.

By tailoring support to Lorenza, the staff help her maintain her dignity. This helps her to eat and drink and reduces stress.

Research activity: Watch this video about nutrition and hydration in older people: <https://www.nhs.uk/13000-nutrition> In your own words briefly explain the importance of nutrition and hydration.

- Why do good nutrition and hydration help maintain health and wellbeing?
- How do service providers give people choice and control?
- What simple technique do service providers recommend to check people are eating and drinking?

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Personal care

Person-centred care promotes dignity, safety and comfort. It helps people stay in control of themselves. People with impairments may find it harder to manage personal care. Assistive aids can help with daily tasks such as toileting, bathing, cooking and dressing.

People with mobility issues, e.g. paralysis, may need support such as ramps and lifts. Complications from paralysis need careful management and can include pressure sores. Individuals may also need ongoing help with personal care and mobility.

	Equipment to support personal care need
Dressing	<ul style="list-style-type: none"> ✓ Zip/button hooks ✓ Clothes with wide necks and openings to be easy to put on / take off ✓ Aids to put on socks and underwear ✓ Clothes with Velcro, elastic waists, poppers
Toileting	<ul style="list-style-type: none"> ✓ Raised toilet seat, or toilet with adjustable frame ✓ Grab rails or handrails ✓ Toilet seat with armrests ✓ Commode and portable urinals ✓ Absorbent pads or underwear that prevent leaks
Washing	<ul style="list-style-type: none"> ✓ Bath or shower stool ✓ Long-handled brushes to wash body ✓ Easy-access bath or bath lift/hoist ✓ Wet room or walk-in shower
Cooking	<ul style="list-style-type: none"> ✓ Perching stool ✓ Lowered work tops ✓ Single-lever taps, or taps with sensors to control temperature ✓ Accessible storage ✓ Two-handed cups ✓ Easy-grip utensils and adapted cutlery

Research activity: Research about assistive aids for cooking.

Equipment such as shower seats, toilet frames, and handrails help people manage themselves. This protects their privacy and dignity.

Kitchens can also be adapted. Lowered work surfaces and grabbing tools help people move around but cannot stand for too long. In this case, perching stools are helpful. A kitchen allows people to prepare food, wash up, or iron while seated.

People with restricted mobility may want to dress on their own without help. They need clothes with wider necks, elasticated waists, and wider shoe openings for legs. Clothing can also be adapted with added openings.

Assistive aids include zip/button hooks and long-handled shoehorns. Care providers may take photos of clothes with adaptations to support people in choosing appropriate clothing for the weather. When others need to dress the person, it should be done with respect and care.

Research activity: Research shows how equipment can be adapted. Visit www.zzed.uk/13000-ec Design your own adaptation for someone with an impairment. Use the adaptations you have designed to improve someone's quality of life.

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Role of family/friends in supporting an individual

Care can be improved when it includes family and friends who are already part of people who know them best and can provide care providers with helpful information personal. This helps support be more effective as it matches the person's unique

Sometimes, family and close friends can help the provider understand the person better. They are often experts in the individual's life, their experience and can offer valuable insight. This can make care more meaningful and respectful. It is important they respect the person's decisions and allow them to lead their care planning as much as possible.

Friends and family can support people's needs by:

- ✓ **Advocacy:** understanding the person's unique needs and preferences and speaking up for them.
- ✓ **Emotional support:** offering active listening, reassurance, warmth, compassion and empathy to the person needing care.
- ✓ **Physical support:** supporting the person with their daily tasks and activities.
- ✓ **Practical support:** helping to organise and plan care delivery.

Advocacy	Emotional support	Physical support
<ul style="list-style-type: none"> ✓ Speaking up for the person and helping them be heard. ✓ They can help the care provider and individual shape the care plan and provide insight into needs. They can also support people to make the plan relevant to their culture, religion, or other beliefs. ✓ Support them in decision-making. 	<ul style="list-style-type: none"> ✓ Supporting people's mental health. ✓ Caring for them. ✓ Being in the situation with them so they feel supported. ✓ Keep them on track. Help them celebrate their progress. 	<ul style="list-style-type: none"> ✓ Helping people to do physical tasks like dressing, washing and toileting. ✓ Helping people with other personal care tasks.

They can also help people to form strong and respectful relationships with care providers of the social circle. This support helps people feel included, understood, and valued.

Care plans need to support the wellbeing of the whole family. A whole-family approach includes people that matter to the person making decisions and developing a care plan that include family, friends, volunteers, and others in the wider support circle. This helps care be more meaningful and understood.

Research activity: Watch this video: [A short introduction to our HomeFirst Service](#). www.zzed.uk/13000

It describes how people with long-term conditions can have care at home that helps them recover faster. In your own notes, write a few notes on the following:

- Why can home care help people recover faster than being in hospital?
- What are the benefits of including friends and family in the recovery plan?

Go to [zzed.uk/13000](http://www.zzed.uk/13000)

Apply some of the support to wellbeing

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The following table shows the different types of services, with examples.

Services	Description	Examples
Statutory	Government-funded services include the NHS and local authority social care. They are legally required to provide person-centred care.	<ul style="list-style-type: none"> Community provision Local authority, such as Social services Day centres Residential care Therapists Community groups
Voluntary	Usually run by non-profit organisations and charities. These include Mind UK, Care UK, and Macmillan.	<ul style="list-style-type: none"> Charities Support and advice Peer-support groups Day centres
Private	Private care providers are services that people pay for. These services include therapy, hospital and home care.	<ul style="list-style-type: none"> Private health clinics Residential care Therapists Day centres

Research activity: Watch this video by Dr Kate Granger - Hello My Name Is. [zzed.uk/13000-hello-my-name-is](https://www.zzed.uk/13000-hello-my-name-is) She talks about her experiences that led to her starting the *Hello, my name is...* campaign. Write a few bullets on the following questions:

- Why do you think it is important that professionals introduce themselves to patients?
- In the video Dr Kate Granger says 'patients are people at the end of the day.' What does this phrase mean?
- Why do you think it is important?

Go to [zzed.uk/13000](https://www.zzed.uk/13000)

How the services are accessed

In person-centred care, services can be accessed by both GP and self-referral.

GP referral

General practitioners (GPs) work with people to decide if they need more specialist care. They ensure that individuals understand care decisions. They coordinate with other care practitioners through other services.

Self-referral can support:

- ✓ people to making decisions together
- ✓ respect of the unique needs, beliefs, and goals of the individual
- ✓ a coordinated care plan

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Self-referral

Individuals can refer themselves to services without their GP. This might include a mental health service or physiotherapy. This helps people get care quicker and have more control of their care. It lets people decide on their needs and make choices themselves. Other care practitioners can also refer people when agreed together.

They might signpost them to other care services that support the person best. An example of this is to signpost people to housing services if they can support housing needs.

Research activity:
 Watch a video on the benefits of self-referral at <https://www.nhs.uk/13000-refer-yourself>.
 In your own words, list the benefits of referral.

Self-referral can support people to:

- ✓ manage their own care
- ✓ make their own decisions about when they receive care
- ✓ have faster access to care

Services	How services are accessed
Statutory	<ul style="list-style-type: none"> • GP referral • Sometimes self-referral
Voluntary	<ul style="list-style-type: none"> • Self-referral • Sometimes signposted by health and social care providers
Private	<ul style="list-style-type: none"> • Self-referral • Sometimes GP referral and then followed up

Practitioners involved

There are many different health and social care practitioners and professionals that support people through their diverse skills and knowledge, each playing a role in supporting people.

When care is person-centred and holistic, it supports people's unique needs using all the services together to meet their needs. Examples of practitioners involved may include:

- ✓ **Community nurses:** care for and support people in the community. They may provide emotional, practical and physical support.
- ✓ **Family support workers:** provide support to help them function. They also signpost to other services.
- ✓ **GPs:** general practitioners often start the care journey. They diagnose, treat and refer.
- ✓ **GP practice nurses:** nurses who are based in GP surgeries. They support people with their health. They do routine health checks and blood tests.
- ✓ **Mental health nurses:** nurses who specialise in mental health and wellbeing. They support treatment across home, community, and hospital settings.
- ✓ **Mental health support workers:** practitioners who help people with mental health issues. They provide both emotional support and practical support. They support people to recover and meet day-to-day goals.
- ✓ **Occupational therapists:** these practitioners help people to develop the skills to overcome their impairments. They also identify home, work and other environments need to support people. They focus on improving people's quality of life.
- ✓ **Physiotherapists:** help people to have better mobility and function. They have skills to help people's mobility so that they have improved functioning.
- ✓ **Counsellors:** provide emotional support to help people cope with distress.
- ✓ **Care assistants:** assist people with personal care and other daily tasks. They may be in many settings including the home, respite care, and hospital settings.
- ✓ **Activities coordinators:** help people to meet their social and lifestyle needs. They plan, and go to activities and events. They support people in the community.

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Care coordinators can help people manage their care journey by connecting them to the right time. This is especially useful for people with more long-term, complex



Research activity: Look for a care coordinator? Visit <https://www.nhs.uk/13000-care-coordinators>. It talks about how care coordinators help people manage their care. Write down the following questions:

- How do care coordinators work?
- Why is it important to have a care coordinator working with different practitioners?
- How does it help people manage their care across services to hospital care?

Formative discussion questions

1. How do different practitioners work together to create a care plan?
2. How might managing their own care budget help people improve the quality of their life?

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Questions (2.4)

Checking my understanding:

1. Why is it important for the care plan to include what family or friends know?
2. What does the acronym SMART stand for when setting goals in care planning?
3. Why is it important for a care plan to be reviewed regularly?
4. How can occupational therapy help people stay independent?
5. Person-centred care is about:
 - A Making decisions for the person without asking them.
 - B Basing care on the needs and preferences of the person.
 - C Only treating medical conditions.
 - D Ignoring social and emotional needs.

Developing my skills:

Answer the following questions to help develop your skills for the assignment.

Case study:

Mr Greaves is a 70-year-old man. He has recently had a foot amputated because of complications from diabetes. He has not managed his diabetes well and does not like being told what to do. He does not have any family and does not have friends to support him.

Read the above case study and then complete these tasks:

1. List what you think Mr Greaves' support needs might be.
2. List the professionals that might be involved in Mr Greaves' care, and their roles.
3. Briefly describe how the services can work together to support Mr Greaves and improve his wellbeing.

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Indicative Content

Topic Area 1 (1.1–1.2)

Checking my understanding:

No.	Answer
1.	D. Courage
2.	Up to 2 marks with 1 mark for any one of the following: Personalisation puts people at the centre of their care and involves them in decisions. It considers people's own needs, values and preferences (1). Personalisation is tailored to the individual (1). <i>Accept other suitable answers.</i>
3.	1 mark for any one of the following: If a person is included in their care decisions, they might feel confident, respected and in control of their care (1). They may have greater trust in the people caring for them (1). <i>Accept other suitable answers.</i>
4.	Up to 2 marks with 1 mark for any one of the following: <i>Important to</i> is what matters to people, the things they enjoy, and the people they care about (1). <i>Important to</i> is what matters to the person from their perspective (1). <i>Important for</i> is about the person's health, safety, and social life. This would include things like their education, and whether they feel they belong (1). <i>Important for</i> is from the perspective of other people, such as the person's doctor (1). <i>Accept other suitable answers.</i>
5.	Up to 2 marks with 1 mark for any one of the following: Co-production is when people have an equal voice to their care provider (1). Co-produced care means people make a plan together (1). Co-production can be a partnership between the person and the care provider (1). It was developed in social care but is now used in health care (1). <i>Accept other suitable answers.</i>
6.	Up to 2 marks with 1 mark for any one of the following: When people work together, they help each other (1). Teamwork brings more people into care (1). In a team, people can support each other to find the best solution (1). Having new ideas means they can find different ways of working (1). <i>Accept other suitable answers.</i>

Developing my skills:

No.	Answer																	
1.	<table border="1" style="width: 100%;"> <thead> <tr> <th>Question</th> </tr> </thead> <tbody> <tr> <td>A. What hobbies do you enjoy?</td> </tr> <tr> <td>B. Do you have any health concerns?</td> </tr> <tr> <td>C. Who are your favourite people?</td> </tr> <tr> <td>D. Do you need any adaptations to help you feel safe, like wearing headphones?</td> </tr> <tr> <td>E. What makes you happy?</td> </tr> <tr> <td>F. What school do you go to?</td> </tr> <tr> <td>G. What do you like to do in your spare time?</td> </tr> <tr> <td>H. What community groups do you belong to?</td> </tr> <tr> <td>I. Do you take any medication?</td> </tr> <tr> <td>J. What sort of books, or TV do you enjoy?</td> </tr> <tr> <td>K. What are the most common health conditions or diagnoses I need to know about?</td> </tr> <tr> <td>L. Do you need support with communication, such as an interpreter or a sign language translator?</td> </tr> <tr> <td>M. Do you need support with daily activities, like bathing or eating?</td> </tr> <tr> <td>N. What do you look forward to in your week?</td> </tr> <tr> <td>O. What does a good day look like?</td> </tr> <tr> <td>P. Are there any religious or dietary preferences I need to be aware of?</td> </tr> </tbody> </table>	Question	A. What hobbies do you enjoy?	B. Do you have any health concerns?	C. Who are your favourite people?	D. Do you need any adaptations to help you feel safe, like wearing headphones?	E. What makes you happy?	F. What school do you go to?	G. What do you like to do in your spare time?	H. What community groups do you belong to?	I. Do you take any medication?	J. What sort of books, or TV do you enjoy?	K. What are the most common health conditions or diagnoses I need to know about?	L. Do you need support with communication, such as an interpreter or a sign language translator?	M. Do you need support with daily activities, like bathing or eating?	N. What do you look forward to in your week?	O. What does a good day look like?	P. Are there any religious or dietary preferences I need to be aware of?
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2.	<p data-bbox="231 152 1077 219">Students to identify whether the statement given is something considered 'important' for a person and then give justifications for their answers.</p> <table border="1" data-bbox="295 246 1045 593"> <thead> <tr> <th data-bbox="295 246 1045 324">Statement</th> <th data-bbox="295 324 1045 369">Important</th> </tr> </thead> <tbody> <tr> <td data-bbox="295 369 1045 414">A. Having a cup of tea in the garden each morning</td> <td data-bbox="295 369 1045 414"></td> </tr> <tr> <td data-bbox="295 414 1045 459">B. Taking prescribed medication on time</td> <td data-bbox="295 414 1045 459"></td> </tr> <tr> <td data-bbox="295 459 1045 504">C. Eating a vegetarian diet</td> <td data-bbox="295 459 1045 504"></td> </tr> <tr> <td data-bbox="295 504 1045 548">D. Being able to manage their own finances</td> <td data-bbox="295 504 1045 548"></td> </tr> <tr> <td data-bbox="295 548 1045 593">E. Having an accessible home with accessible ramps and doors</td> <td data-bbox="295 548 1045 593"></td> </tr> <tr> <td data-bbox="295 593 1045 638">F. Being involved in decisions about their care</td> <td data-bbox="295 593 1045 638"></td> </tr> </tbody> </table> <p data-bbox="231 627 375 660"><i>Important to</i></p> <ul data-bbox="231 660 1085 795" style="list-style-type: none"> • Having a cup of tea is a preference. • Eating a vegetarian diet is a preference. • Being able to manage their own budget is something that matters to people. • Being involved in their care decisions is a need and a preference. <p data-bbox="231 828 391 862"><i>Important for</i></p> <ul data-bbox="231 862 1013 1030" style="list-style-type: none"> • Taking prescribed medication on time supports health and safety. • Being able to manage their own budget is also safety. • A vegetarian diet can improve health. • Having an accessible home concerns a person's health and safety. • Being involved in their care decisions is also health and safety. <p data-bbox="231 1030 566 1064"><i>Accept other suitable answers.</i></p>	Statement	Important	A. Having a cup of tea in the garden each morning		B. Taking prescribed medication on time		C. Eating a vegetarian diet		D. Being able to manage their own finances		E. Having an accessible home with accessible ramps and doors		F. Being involved in decisions about their care	
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Preview of Answers Ends Here

This is a limited inspection copy. Sample of answers ends here to stop students looking up answers to their assessments. See contents page for details of the rest of the resource.