



Case Studies with Activities for BTEC Level 3 National

Unit 5 – Meeting Individual Care and Support Needs

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Teacher's Introduction

This workbook has been prepared to assist students and staff with the learning and teaching of the National in Health and Social Care. It comprises a collection of presentations by case studies set in the fictional town of Thornton Green. These provide the basis for a range of both classroom and homework use to complement the tutor's input. It is not intended to refer to a textbook, but instead offer suggestions for students to do their own work; the tutor; it is a supplementary source to facilitate teaching and learning, and could be used as a virtual library.

It contains a variety of student-centred activities, discussions, tasks and practical exercises. These are designed to encourage students to develop their knowledge and skills through assignments.

I have used similar activities during many years of both vocational and GCSE / A-level teaching and have proved extremely successful in enhancing student motivation and improving learning.

All the worksheets are photocopiable, and they provide a valuable resource for the classroom to be placed through practical tasks performed by the students themselves. Where relevant, advice is given for the activities.

Many of the activities and case studies are based on visits to and interviews with practitioners in the field, so that the information is as up-to-date and as relevant as possible. Organisations are listed in different areas, and service provision may depend on practitioners' interpretation of the situation. We strongly recommend that contact is made with local authorities and service providers to check the situation is and how it differs from what is presented here. If possible, to arrange for speakers in.

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

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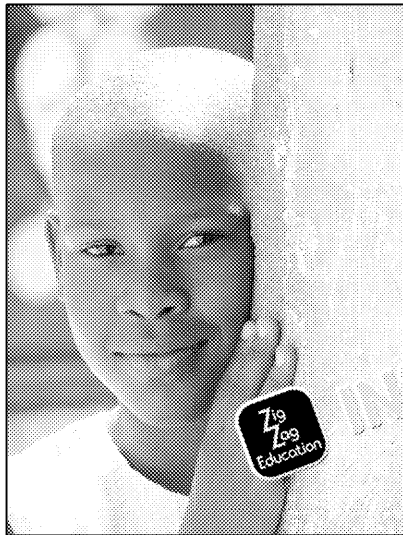
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Case Study 1: Dwane Ungani



Dwane is 19 years old and has autism, learning disabilities and diabetes. He lives in Camden, London. He has recently moved into a new house and is now around the house all day. Dwane's mother is finding life very stressful. Dwane's father walked out on them when Dwane was 10 years old. The only time Dwane goes out is on Tuesday and when he goes to the local 'youth support centre'. He receives care and support when he is at the centre. The centre has a picture, word and Makaton book that allows Dwane to communicate and makes him feel at home in this environment.

The care workers try to involve Dwane in some aspects of the centre, however, as he is autistic and has learning difficulties, his mother should also be involved in the decision-making. The centre team and Dwane's mother decided that it would be best if they worked with an advocate as he sometimes finds it difficult to express his ideas, needs and wishes. In addition, as Dwane loves composing his own music, the team at the centre produced **Makaton** sheets to help him so that he can fully participate in the centre's activities. As his mother and father are originally from Jamaica, Dwane is also very keen on reggae music and Caribbean food (like his mother cooks at home). Therefore, the centre made sure that they are able to serve Jamaican food at least once per week and also have a reggae playlist from a local Jamaican reggae artist. Again, this makes him feel at home at the centre.

The centre and his mother put together a personal care plan for him using a **person-centred** approach. The plan concentrates on his abilities rather than some of the problems he may face. It includes a designated person (a care worker) Dwane can go to if he has concerns, as he often becomes very stressed if there are changes. It was important that this person had completed training in communication and had the appropriate skills. It was also very important that the **care plan** included graphical facilitation. Dwane has a circle of support which includes Dwane himself, his mother and the designated person.

Dwane's diabetes is currently not managed very well. It was agreed by the team (including the designated person) that they should have a **volunteer** to help monitor his blood sugar levels and diet. The volunteer is a local woman and she is aware that she must be discrete so as not to compromise Dwane's right to **dignity**. The designated person's mother accompanied Dwane to the GP, who has now referred him to a specialist diabetes nurse to help him with this issue.

However, his mother is concerned that Dwane may become too reliant upon the nurse for support. Dwane has a tendency to 'attach' himself to anyone who appears friendly. This means that he is often 'over friendly' and tends to share too much personal information including inappropriate photos on social media. He can also become very aggressive if people do not return his affection. As this is a safeguarding concern, the centre provided information in picture, Makaton and visual form to help him understand the dangers of sharing personal information.

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Case Study 2: Donna Robertson



Donna Robertson is 32 years old and lives in a small village in rural Staffordshire. She works as a receptionist at a local legal firm. She is bisexual and is currently in a relationship with Jenny, who lives in a nearby town. Her relationship is rocky and this is making her depressed. Jenny is verbally abusive towards Donna, especially when they are together over the weekend. Donna, however, is able to leave her. She has chosen to keep this relationship secret from most people (only her best friend Julie knows) due to fear of prejudice, as there are no positive images or references made to gay people in the media or the doctor's surgery.

Although she is with Jenny, she recently had a 'one night stand' with a man she met at a local pub. However, she began to experience medical problems and was worried that she had contracted a venereal disease. As she was worried, she phoned her best friend when she was in the garden of her home to make an appointment with the doctor. During the appointment, however, she became nervous and started to cry and experienced a panic attack. Dr Pearce then extended the appointment time and asked questions about her home and personal life and asked if there was anything else she was worried about. After confirming that she had, indeed, contracted a venereal disease and recommended treatment, he also recommended a short course of **cognitive behavioural therapy** in order to help with her emotional issues.

One of the healthcare assistants at the surgery (Julie) is also her neighbour. While Donna was in the surgery, Julie overheard her telling her best friend about her relationship with Jenny, her one-night stand and her venereal disease. At her appointment with the doctor a few days later, the healthcare assistant, Julie, asked Donna to show her where the toilet was. This made Donna feel very depressed. To make matters worse, Donna bumped into Julie while out shopping and she and her friend started talking and making fun of Donna and her girlfriend Jenny. Donna feels unable to talk to Julie as she cannot disclose that she had a one-night stand.

Donna felt that there was no point in making another appointment with Dr Pearce to inform him of the healthcare assistant's actions. Here, she informs him that she is bisexual and involved in a relationship with a woman. He **listens carefully** and makes no comment at this stage. She goes on to describe how she is **discriminated** against. She states that it is affecting her **performance** at work. She said that she wanted to but to make a **formal complaint** against Julie. Dr Pearce thanked Donna for sharing this information and in a confident tone of voice, he told her that he was sorry to hear about this situation and he would look into it. He also told her that this situation would make him upset too. **He doubled checked** with her about each event and asked her again to describe her feelings of depression. He then told her that he would start a formal investigation into this matter and the behaviour of the healthcare assistant.

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Case Study 3: Denise Howlett



Denise Howlett is 34 and lives with her husband of ten years, David, in York. Denise has just found out that her husband has been visiting prostitutes for the entirety of their marriage. During her recent doctor's visit confirmed that she has the sexually transmitted disease (STD) genital herpes. Denise is very worried that this may affect her ability to continue studying towards a Certificate in Reflexology and Acupuncture at her local college because the course is 'hands on' and involves the use of invasive procedures. She is also worried that unsightly cold sores on her mouth will prevent her from practising as an acupuncturist or reflexologist. As such, she approached her tutor, Dr Morris.

Dr Morris said that he really did not know much about the matter. He stated that as this was a **confidential matter**, he would need to find out more. He stated that as this was a **confidential matter**, he would need **permission** to discuss the matter with the university's resident **nurse** (Patricia), so that he could provide her with some more information. He also asked Denise if he could contact **The British Association for Sexual Health**, in order to find out some more information and provide some more support for her. He reassured her that he **would not discuss** the matter with anyone, recognising Denise's right to confidentiality.

The next day, however, Dr Morris overheard Denise arguing with her husband David in the acupuncture suite. Dr Morris overheard Denise stating that she was concerned that she would not be able to continue with the course due to her having the herpes virus. As this was an inappropriate environment to discuss this, Dr Morris suggested that they all go into his office for a **meeting** in order to discuss the matter. He stated that he had a lecture in half an hour, however, so could only meet with them for 20 minutes. During the meeting, Dr Morris listened to Denise's anger at David's use of prostitutes. He also listened to Denise's concerns about not feeling loved in the relationship, and Denise's concerns about not being able to complete the course. However, Dr Morris reassured Denise that, regardless of her health problems, she could most certainly continue with the reflexology element of the course, as this did not involve invasive procedures. Denise was happy to hear this and could use some of the department's student budget on relationship counselling for her and David. Dr Morris explained that there were limited funds and these were reserved for students in extreme financial need.

Dr Morris explained, however, that although Denise can most certainly carry on with the reflexology element of the course, he would need to carry out a **risk assessment** for the acupuncture element of the course, as this involves the use of invasive procedures. Denise was upset at this and did not want anything to do with acupuncture. Dr Morris listened to her concerns and stated that he must follow **departmental procedure**. He again reassured her that he would inform her as soon as a decision had been made.

A few days later, Dr Morris asked to meet with both Denise and her husband to say that the reflexology elements of the course (acupuncture and reflexology) was secure. He stated, however, that Denise would need to complete a short course on 'safe working practices' and then implementing them with clients, so as to protect them from the virus. Denise is delighted and agrees to undertake this, however, Dr Morris has had a **confidential meeting** with another student on the course. This student is deeply troubled by her diagnosis of genital herpes and with her husband's accusation that it is her 'mission' to have unprotected sex with as many men on campus as possible so that others can feel what it is like to live with the herpes virus. Dr Morris quickly arranged a meeting with the university Dean and Welfare Officer. He then asks if all three professionals can meet with Denise to discuss the matter. They decide that they will meet with Denise the professionals meet alone to discuss the matter. They decide that Denise has had sexual intercourse with must be informed about her health status, so that she can receive the necessary treatment.

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Case Study 4: Martha Goring



Martha Goring is 72 years of age and lives alone in her own home in Shepton Mallet, Somerset. Martha had a heart attack three years ago and now suffers with mild heart failure. Martha used to live with her sister but her sister died two years ago. Her sister was also Martha's carer but Martha has been relying on her neighbour (Doris) who comes to help with her washing and help make her meals. Since her sister died, Martha has been feeling very low and feels lonely but has not really discussed this with anyone. Her neighbour, Doris, is aware that she is lonely, but has to be caring for her own home and cannot spend any more time with Martha.

Last week, however, Doris (who lives downstairs from Martha) fell down the stairs and is currently in hospital. She lives in the ward that she works in. Doris is worried about Martha because she is on her own, depressed and often forgets to take her medication for her heart problems. Due to her loneliness, she often visits her GP for a 'chat'. After the fifth appointment in two weeks, the GP asks her whether she really has health issues or whether she is lonely and in need of more support. After she told him about her health and loneliness, the GP felt that it would be appropriate to contact the local residential care home (which is just a few doors down from Martha!) to see whether there were any spaces available as a day resident. The manager stated that there were indeed spaces. However, after Martha had been attending for one week, she noticed that Martha had various needs including help in taking her medication, help at her home, help with planning and cooking her meals and help overcoming the death of her sister. Due to her condition, the manager of the residential care home has asked Martha if she could meet with her GP to see if there were any spaces available to her. During this time, the GP referred Martha to the mental health team for 'cognitive activity' sessions in order to help with her loneliness and depression.

Together, the manager and the GP agreed that Martha would benefit from a **personalised approach** with the aim of bringing together several different professionals and service providers to improve her situation. The team will include the following: Martha herself, the GP, a local living 'home help', a community psychiatric nurse and the manager of the residential care home (and also a care home representative who acts as an 'advocate' of the care home). Making a **person-centred approach** in Martha's case takes time to get to know her and understand her wishes and needs so that the care can be tailored to her situation better. Indeed, the GP made sure that he was able to discuss this informally with her. The GP gave her a structured questionnaire to fill out in order to find out the level of her depression. The manager of the residential care home carried out a **National Eligibility Criteria** assessment, which showed that Martha often fails to manage her own personal hygiene and fails to adequately feed herself.

As part of a **person-centred approach**, the GP (who was coordinating all activities) assured Martha that her case would be discussed without her being informed and that her records would not be shared with anyone else. Martha was not involved in the care plan. The psychiatric nurse arranged an initial consultation with Martha at her own home where she discussed how to better manage her loneliness. In addition, she enrolled Martha in a 'computer-mediated' course that helps service users understand how to manage loneliness. This was followed up by the residential care home 'advocate' meeting with Martha to ask her about particular activities that the home could provide. Although there wasn't enough money in the budget to provide Martha with a 'home help' every day, it was agreed that she would visit five times a week. Nonetheless, it was agreed that this might be increased should Martha's condition deteriorate.

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Case Study 5: Nashir Azghatti



Nashir Azghatti is 48 years of age and lives with his 18-year-old son (Adon) who has ADHA and Asperger's syndrome in South West London. Unfortunately, his wife died five years ago in an accident. Nashir is an **educational psychologist** but is struggling to carry out his duties due to the amount of time he has to spend either collecting him from school, due to inappropriate behaviour at home, diffusing his behavioural issues. Adon also 'escapes' out of the bedroom window in the evening / night time. Following this, Nashir has been taking SSRIs (selective serotonin reuptake inhibitors) for anxiety. However, he has been taking them now for five years and his anxiety has not improved.

Nashir recently visited his GP stating that he has been taking this medication for nearly five years but his anxiety is no better. In fact, he is struggling to cope due to the added pressures of his son's behaviour as he grows older. The GP listens to Nashir's concerns and agrees to refer him for a course of psychotherapy to address his anxiety. Dr Rasheed also suggests that he makes a referral to **social services** for an assessment, in order to see if Nashir can get some additional support for his son, Adon. The GP gives Nashir **permission** to discuss his case with the psychotherapist and social services to which Nashir agrees. Nashir informs Nashir that all of the information gained from the appointment is to be **recorded** in his medical paper records.

Dr Rasheed then discusses this with the surgery's psychotherapist (Jo Murray) and informs her that Nashir is suffering with anxiety and is finding it difficult to carry out his duties as an educational psychologist. The psychotherapist and the psychotherapist have arranged to **meet once per month** to discuss Nashir's progress and have regular email contact. From these meetings, the psychotherapist informs the GP that Nashir is struggling after being able to discuss his problems. The GP also contacts social services, but does not agree to refer him as he is taking medication. Rather he informs them that Nashir requires additional help in looking after his son and requests that Nashir and his son be appointed a social worker (John Scanlon). John will meet with Nashir once per month and exchange emails. In order for Adon to be included in all areas of the family, the GP asked Nashir if he could make a request for his son to undergo a **mental capacity** assessment to determine his ability to make decisions regarding his care. The GP has also arranged for an 'advocate' to work with the family, so that Adon can fully express his wishes and needs. Social services has also arranged for 'night care' three times per week for Adon, as he often escapes out of the house in the evening / night time.

As Nashir is struggling to meet the demands of his job as an educational psychologist, he has been asked by his line manager in the local education authority will 'put him on special measures'. Dr Rasheed suggests that he write a letter to the authority outlining Nashir's issues. In addition, Nashir has contacted a representative of the **British Psychological Society** (the professional body that oversees all psychologists) who agrees to write to his local educational authority outlining Nashir's situation and current struggles. The local educational authority decided to reduce Nashir's hours to a minimum while he undergoes psychotherapy to reduce his anxiety.

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Presentation 1: Dr Rasheed

My name is Dr Rasheed and I'm Nashir's GP. I have been working at the Hammersmith GP practice for eight years. My parents are from Pakistan, but I was born in the UK and hold UK citizenship. As part of fulfilment of my role as a GP, I had to register with the General Medical Council initially when I first qualified. However, in order to maintain my licence, I have to relicence, periodically, with the Council. This is achieved through 'revalidation', for which I need to provide supporting information that shows I have kept up to date and remain 'fit to practise'.

Continuing Professional Development (CPD) is crucial to my revalidation in medicine in the UK. In the last year, I felt that I needed a better understanding of codes of conduct and principles regarding 'confidentiality', so I enrolled on a course to refresh my skills. My first course provided me with a refresher on the Data Protection Act 1998, which aims to protect the right of the individual to privacy regarding the processing of any personal information can be shared if it is necessary for the purpose for which it was shared only with those who have a need for it. 'Vital interest' also means (under the Act) that information can be shared to prevent serious harm or distress, or to protect the health of themselves, (and they have mental capacity), then sharing it MAY NOT be considered a breach. However, if the only person that would suffer if the information is NOT shared is the individual themselves, (and they have mental capacity), then sharing it MAY NOT be considered a breach. I also discussed the Human Rights Act (1998), which states that everyone has a right to a private family life. Under this act, a decision to share information and the reasons for it must be recorded. This CPD course also covered the Care Act (2014) which describes the 'principle of confidentiality' states that confidentiality is important, but the right to confidentiality is not absolute. Here, relevant information should be shared with the right people at the right time for the benefit of individual service users.

My second course outlined the 'code of confidentiality' in Health and Social Care, which is a 'code of conduct' for the medical profession. This document outlines the principles that must be followed; include; a) all information must be treated confidentially and with respect, b) information should only be shared to ensure the safety and health of the service user, c) any information shared must be 'anonymised', d) the service user has the right to object to sharing their information. As a GP, I must ensure that they have policies in place to ensure that confidentiality is maintained.

My next CPD course was on the 'Caldicott principles' which state a) that sharing information about a service user can be fully justified, b) only use personally identifiable information when necessary, c) only share the minimum amount of information necessary, d) access to personal information is on a need-to-know basis, e) everyone who has access to this information must be aware of their responsibilities, f) they must comply with all relevant laws and lastly, g) protect the service user's confidentiality. After completing all of these courses, I updated all of the relevant information regarding confidentiality. As such, on revalidation, Hammersmith surgery asked me to update their confidentiality policy. As a result of these changes, it was clear that service providers such as ourselves should not have to avoid taking responsibility for our decisions. Therefore, as Nashir's health deteriorated, it was appropriate to discuss his case with the surgery's psychotherapist. It was necessary to discuss Nashir's situation, Nashir's anxiety, and how these two factors were affecting his performance at work. I also repeated this information to the key social workers on the Social Services team. In this way, Nashir can gain the support he needs. As always, this information was kept highly confidential as the surgery uses an 'Electronic Patient Record' system. In addition, any paper information is always kept under lock and key.

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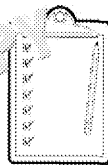
INTRODUCTION

Activity I1 (Meeting individual Care and Support)



Topics covered

☒ All



You will need

- ☒ Both parts
- ☒ All four case studies
- ☒ Access to the internet

Activity 1 (Individual Work)

Read all of the case studies and the presentation.



Activity 1a

Provide definitions for the words below.

Equality:



Diversity:

Discrimination:

Attachment: Zig Zag Education logo.

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Ethics:

Conflict of Interest:

Legislation:

Communication Skills:

Policy:

Cognitive Psychology:

Psychoanalytical Psychology:

Social Psychology:

Behavioural Psychology:

Confidentiality:

SECTION A: EXAMINE PRINCIPLES, VALUES AND SKILLS (MEETING THE CARE AND SUPPORT NEEDS OF INDIVIDUALS)

A.P1 Explain the importance of promoting equality for individuals with different needs

Certain principles and values underpin all work within health and social care service users, giving the best possible care.

Activity 1b (Individual work)

Using your textbook or the Internet, research what these principles and values mean.

Principle/value	Meaning	Why is it important?
Equality		
Diversity		
Discrimination		

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Activity 2 (Pair work)

Using Case Study 1, discuss the ways in which the centre has promoted equality to meet Dwane's needs. Write notes on your discussion.



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The effects of discrimination

It is very important that care workers and organisations prevent discrimination so that everyone receives the same quality of care. This is because it can have detrimental effects on people, including feelings of depression, anxiety, and loss of confidence. They may also lose a sense of who they are.



DISCRIMINATION



Stress

Loss of self-esteem

Depression and anxiety

Loss of confidence

Mental illness

Withdraw from society

Activity 3 (Individual and pair work)

Thought! – Have you ever experienced discrimination or been treated unfairly because of your age / gender / disability / hair colour? How did this make you feel? If you have, discuss this with your partner.



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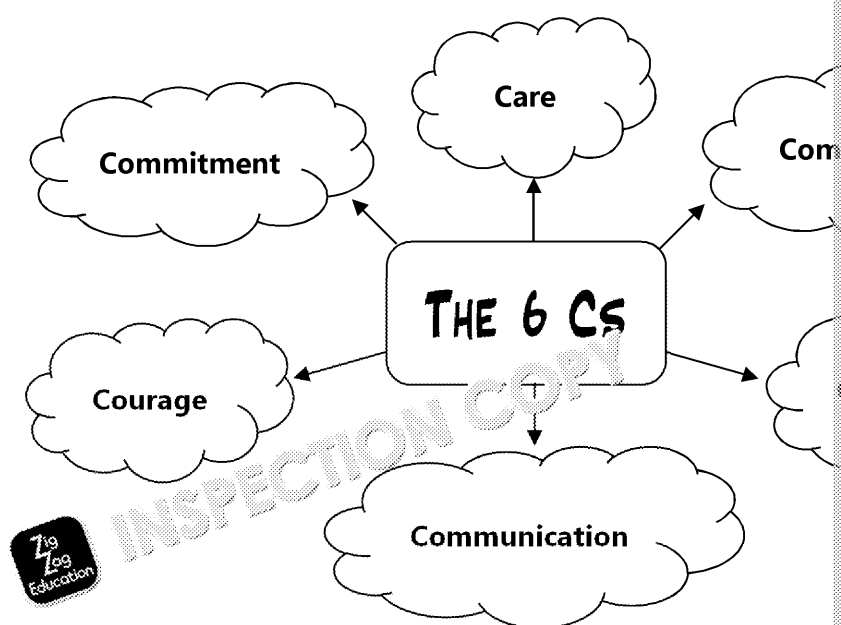
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A.P2 Explain the skills and personal attributes professionals who care for individuals with



In order to meet the needs of others and work in a HSC setting, a care worker needs to have a range of skills and personal attributes in order to develop effective relationships with colleagues and service users (e.g. people with autism and learning disabilities). Following nationwide concerns about the standard of nursing care at Winterbourne View (a hospital for people with autism and learning disabilities), a Practice strategy was introduced in 2012. This strategy advocates the use of the '6 Cs' (see below) which have now been adopted by many organisations within the UK. These are the fundamental values, skills and personal attributes that care workers are required to have when working in a HSC setting.



Activity 4 (Individual work)

In the box below, write a definition for each of the 6 Cs:

Value	Definition
Care	
Compassion	
Competence	
Communication	
Courage	
Commitment	

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Other skills, values and personal attributes required:

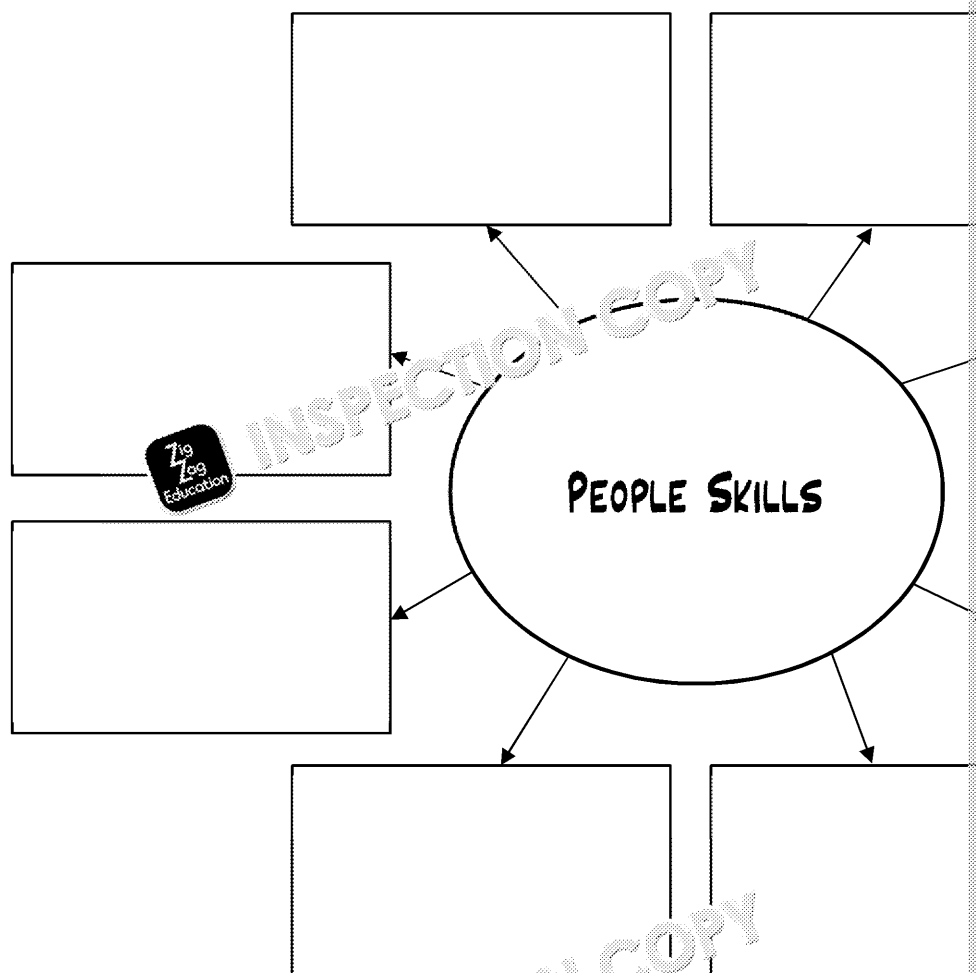
People skills

EMPATHY	PATIENCE	ENGENDERING TRUST
SENSE OF HUMOUR	NEGOTIATING	HONESTY



Activity 5 (Individual work)

State why it is important that a care worker possesses people skills. Fill in the box with the skill you are describing and why it is important that care workers use this skill.



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Communication skills

There are a number of different communication skills that should be used include:

1. Active listening: Care workers should listen carefully to the words being said and then provide a response
2. Tone of voice: It is important to speak calmly and quietly so that the care worker is being friendly and is interested in what is being said
3. Use of appropriate language: Care workers should not use slang and unprofessional language



Activity 6 (In pairs)

Carry out **a role play**. Person A is the doctor and Person B is the patient. Person A asks Person B about the divorce they are going through and how upsetting it is for them. Person A is not allowed to talk while Person B is talking, nor are they allowed to take notes.

After Person B (patient) has finished describing their problems, Person A (doctor) asks Person B (patient) about their concerns and problems of Person B (patient).

Person B should then provide an appraisal of Person A's (doctor's) listening skills. Use the boxes to help you. Once role play 1 is finished, swap roles and repeat.

ROLE PLAY 1:



1. Did they 'actively' listen?
2. Did they repeat back exactly what was said?
3. Did they use appropriate language in response?
4. What was their tone of voice like?
5. Did they make any observations about your body language?

ROLE PLAY 2:



1. Did they 'actively' listen?
2. Did they repeat back exactly what was said?
3. Did they use appropriate language in response?
4. What was their tone of voice like?
5. Did they make any observations about your body language?

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Observation skills

It is vital that care workers are able to make accurate observations of service users to ensure that their needs are being met. For example, it is important to:

1. Observe a child's development to ensure milestones are being met.
2. Observe any changes in an individual's condition to include improvement.
3. Observe signs of neglect, abuse or other health areas that could be improved.

Activity 7 (Individual work)

Using Case Study 2, answer the following questions:

Question	Answer
1. What type of discrimination do you think Donna is subject to?	
2. What were the effects of this discrimination? How did this make her feel?	
3. What skills and personal attributes do you think Dr Pearce demonstrated?	
4. How could the organisation (surgery) ensure that staff do not behave like this again?	

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A.M1 Analyse the impact of preventing discrimination on individuals with different needs



Initiatives used to prevent discrimination

There are a number of different initiatives that services can use to prevent discrimination. Certain aspects of care can be adapted to help meet individual service user needs.

Activity 8

State how initiatives can be adapted to prevent discrimination. Analyse the impact of the initiative.

Initiative	How can it be adapted?	Analyse impact: pros
Access		
Diet		
Support		
The use of advocacy services		

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Activity 9 (Group work)

Carry out a **presentation** describing the pros and cons of anti-discrimination measures as those adopted in the centre (Case Study 1). Use the box below to make notes.

1. Choose a setting in which to implement these measures, e.g. a day care for children, a doctor's surgery, residential care home.
2. Choose at least four different measures that could be implemented to prevent discrimination.
3. Describe the pros and cons of introducing these measures for different service users who may use the facility.
4. Which initiative/measure do you think is the best to promote anti-discrimination?

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A.M2 Assess different methods professionals building relationships and establishing trust with needs



Empathy and establishing trust with individuals

Empathy is the ability of a care worker to understand the service user from their perspective. They will put themselves 'in the service user's shoes'. Here, the service user is understood, which results in a better quality service.

Attachment and emotional resilience theory

In order to be empathetic, a care worker should have a good working knowledge of attachment theory so they can gain a better understanding of why service users may be behaving in certain ways.

Activity 10 (Individual work)

Using your textbook and/or the Internet, describe a child who is 'securely attached' to their caregiver.

Using your textbook and/or the Internet, state how you would describe a child who is 'insecurely attached'. How does this create problems when they are adults?

Why is it important that care workers understand the problems that can arise from insecure attachment? Why might a person not be autonomous and resilient?

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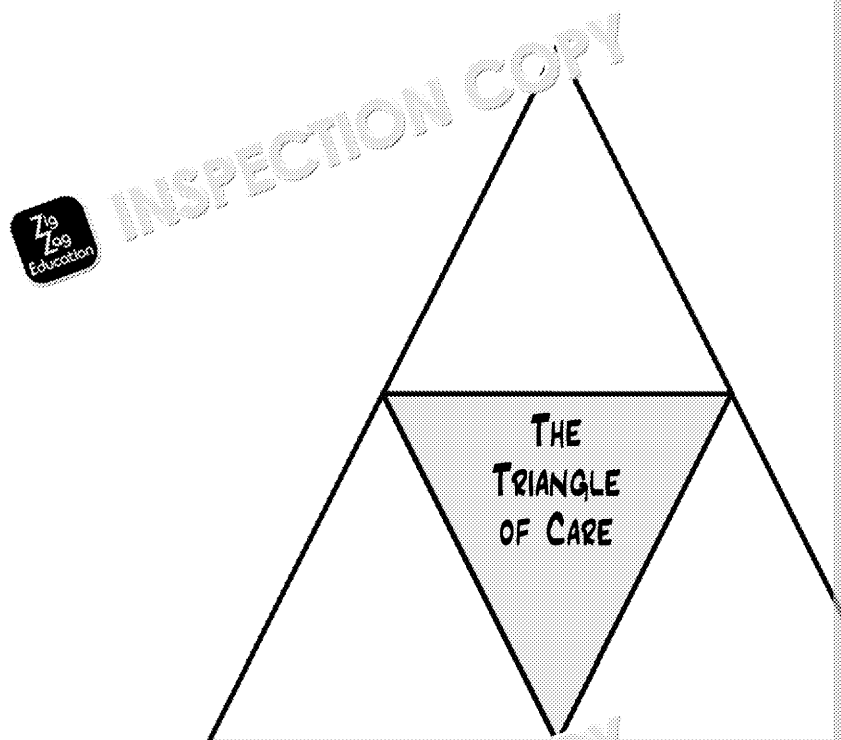
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The triangle of care:

Activity 11 (Discuss with your partner)

Using the triangle below, state who is involved in the 'triangle of care'.



Task (Individual work)

Using Case Study 1, state who is involved in Dwane's 'triangle of care'. How can we improve the quality of care for service users?



Empathy Theories

Johannes Volkelt (1848–1930) – Personal identity and subject

Robert Vischer (1847–1920) – Imbuing subject with emotions

Sigmund Freud (1856–1939) – Give an opinion of the subject to

Martin Hoffman – Distress in response to another's distress.

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Activity 12: Task (Role play)

Dwane clearly has 'attachment' issues as he is often overly friendly but then becomes aggressive when this is not returned. Role play a situation where Dwane has been messaging a girl (Tameaka) on Facebook. Tameaka has replied once, but has since 'ghosted' him. He is really angry about this and has smashed a glass on the floor in the centre because he is so upset. A member of his 'triangle of care' is at the centre trying to help him through this problem.

Person A is Dwane and Person B is a member from his 'triangle of care'. In your respective roles, answer the following questions in the box below to help you plan your role. Once you have performed your role play answer the same questions.

	Questions	
Person A (Dwane)	<ol style="list-style-type: none"> 1. Why do you think Dwane has behaved like this in this situation? 2. What skills and personal attributes do you think he responded to best? 3. Why do you think he responds well to empathy? 	




	Questions	
Person B (member of triangle of care)	<ol style="list-style-type: none"> 1. As a professional, why do you think Dwane behaves in the way he does? 2. What skills and personal attributes do you think he responded to best? 3. Why do you think he responds well to empathy? 	

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Activity 13: Task

Assess different methods professionals might use when building relationships with individuals with needs:



Methods	Pros	
The 		
People skills		
 Communication skills		
Observational skills 		

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Methods	Pros	
<p>Attachment theory</p> 		
<p>Triangle of care</p>		
<p>Empathy theories</p> 		

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A.D1 Evaluate the success of promoting anti-discrimination practice for specific individuals with different needs

Activity 14: Task

Using Case Study 1, discuss with your partner whether you think the initial centre have gone far enough to

- treat Dwane as an individual,
- allow full access to service provisions to all and
- prevent any possible discrimination.

Explain why you think they have / have not in the boxes below and conclude

<p>A</p> <p>Treat Dwane as an individual</p>	
<p>B</p> <p>Allow full access to service provisions</p>	
<p>C</p> <p>Prevent any possible discrimination</p>	

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Activity 15: Task

Using Case Study 2, discuss the following with your partner:

- whether you think the surgery's failure to implement the 6 Cs has contributed to discriminatory practices
- other ways in which the surgery could promote anti-discriminatory practice to prevent such occurrences
- the most effective ways in which staff/care workers could build relationships and establish trust among different service users

Write your answers in the boxes below.

 <p>A</p> <p>Whether you think the surgery's failure to implement the 6 Cs has contributed to discriminatory practices</p>	
<p>B</p> <p>Other ways in which the surgery could promote anti-discriminatory practice in the future to prevent such occurrences</p> 	
<p>C</p> <p>The most effective ways in which staff/care workers could build relationships and establish trust among different service users</p> 	

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SECTION 8: EXAMINE THE ETHICAL ISSUES INVOLVED WITH AND SUPPORT TO MEET INDIVIDUAL NEEDS

B.P3: Explain how to incorporate ethical principles into the provision of support for individuals with dementia

Activity 1: Task (In small groups)

Discuss the following statements – do you agree or disagree with them? Give reasons for your answer. Try to come to a group decision for each statement and then report to the whole group, justifying your answers.

1. Only people with a minimum of five years' experience should be allowed to own a pet.
2. Only 'thin' people with a BMI of below 25 should be allowed to receive NHS care.
3. Only women can be feminists and fight for women's rights.



Ethical Theories and Approaches

In order to overcome some of the problems identified in the diagram above, professionals, social workers, etc. use ethical theories to help guide their decisions. These include:




CONSEQUENTIALISM	consequence of the decision
DEONTOLOGY	stick to obligations
PRINCIPALISM	autonomy, beneficence, non-maleficence
PRINCIPALISM	autonomy, beneficence, non-maleficence

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Activity 2: Task (Group of four)

Using their textbooks or the Internet, each person from the group should choose one theory. They should also write one criticism of the theory. Write your answer in the table below. Once all four members have found out about one theory, they should present to the group. The rest of the group should record the answers in the table below.

Theory/Approach	The basic principle of the theory
 Consequentialism	
Denotology	
 Virtual Ethics	
 Principlism	

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Activity 3: Dilemma!

Robert is 56 years old. He has smoked 60 cigarettes a day for the last 40 years! He now has heart failure and needs bypass surgery immediately in order to prolong his life.

Margaret has inherited hypercholesterolemia (a genetic predisposition to high cholesterol). She is 47 years old and has always taken care of herself by exercising and eating a low saturated fat diet (she has even run marathons). She also needs bypass surgery in order to prolong her life, but it is not quite so urgent.

Task: Pair Discussion

Who do you think should receive the surgery now, and why? Use the theories to arrive at your decision. Share your results with the rest of the class. Write

Activity 4: Task

Using Case Study 3, discuss and then write your answers in the box below.

a) What ethical issues have arisen?	
b) What ethical theories should Dr Morris (and others) use to arrive at a decision?	
c) What decision do you think Dr Morris should take?	

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B.M3 Analyse how an ethical approach to practice would benefit specific individuals with dementia



Individual ethical issues:

There are a number of different ethical issues and dilemmas that can arise in a care setting. The individuals involved in these situations or dilemmas all have dementia. The ethical dilemmas are:



1. MANAGING CONFLICT



A carer will almost certainly have to deal with conflict in the course of their work. It can be very complex when dealing with individuals and families. For example, individuals may not agree with certain decisions made by healthcare professionals. The aim is for carers and health professionals to learn how to manage conflict.

Activity 5: Think!

How do you deal with conflict? Do you try to avoid it? Alternatively, do you try to manage it? How do you 'manage' the conflicts in your work?



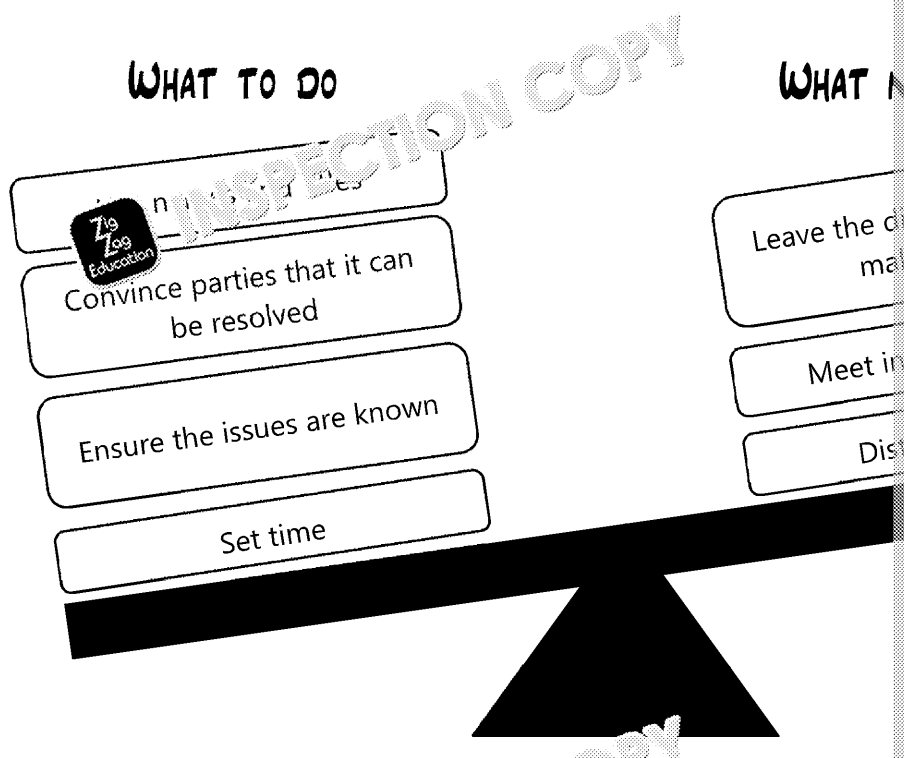
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a) Example of NHS checklist for managing conflict:



Activity 6: Task (Role play)

Work in groups of three. Person A: centre manager, Person B: resident (Sarah), Person C: resident (David). Sarah and David were a couple and came to the centre every day. They have now split up but both continue to frequent the centre nearly every day. Sarah had an affair, which ended their relationship.

- *David:* You are very upset about this because Sarah keeps coming to the centre with her new partner. You are verbally abusing Sarah and her partner because her new partner has just 'taken' a chair you were just about to sit in.
- *Sarah:* You are keen to show David you have moved on and openly show your new partner, telling him you love him and so on. You are equally upset about David.
- *Centre Manager:* You have come to see if you can diffuse the situation, manage the conflict. What do you do?

After you have finished your role play, both Sarah and David should write down how they think the centre manager dealt with the conflict. Answer the following questions (swap roles):

1. Were the issues clearly set out?
2. Did he/she acknowledge different feelings?
3. Was a time limit set for the discussion?
4. Did he/she develop a rapport between Sarah and David?
5. Did he/she use names?
6. Did he/she cool down the situation?
7. Was he/she able to convince Sarah and David that something can be done?

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Person	Comments regarding centre manager's performance
Sarah	
David	

2. MANAGING CONFLICTS OF INTEREST



Care workers often face conflicts of interest in health and social care settings. This is because the interests of the service users will often 'conflict' with the interests and objectives of the service provider. As such, conflicts of interest arise when the aims or concerns of the carer are incompatible with those of the service users. The carer must, therefore, consider the following when reaching a decision:



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Activity 7: Task (In pairs)

Discuss how you would manage these conflicts of interest. Write the findings in the table below.

1. Tracy (78) and Jon (25) are both waiting for emergency stomach operations to perform ONE operation in the next week. Who should receive the operation first?
2. Jason is a normal little boy aged 10 and is academically 'on target'. His father hit his mother outside their house one evening.
3. Gemma is 25 and has just found out that she has a sexually transmitted infection. She has put her on a course of treatment, but she does not want her parents to know.
4. Doreen is in a nursing home. She has told the staff that if she loses consciousness, she does NOT want to be resuscitated. Her son, however, is demanding that the care home should resuscitate her.

Conflict of interest	How would you manage it? What would you do?
1	
2	
3	
4	

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Now that people are living longer, there are great demands placed on the NHS. However, there is only a limited budget. This means decisions need to be made about treatment. Should children be prioritised because they will live longer? Or should older people be prioritised because they have spent all their lives paying taxes towards the NHS?

3. BALANCING SERVICE RESOURCES AND SERVICES

Activity 8:



Take a class poll regarding who should receive treatment. Will you vote for older people? Count the class tally below.

Older people	Younger people

4. MINIMISING RISK WHILE PROMOTING INDIVIDUAL CHOICE



There can often be a conflict between the individual's wishes and organisational policy. Should young people with mild/moderate learning difficulties be allowed to live independently? Do the benefits of their own independence outweigh the risks of being alone? All young people should be able to express their wishes and desires, organisational policy must be flexible.

5. SHARING INFORMATION WHILE MAINTAINING CONFIDENTIALITY:

Activity 9: Task (Individual work)

Provide a definition of what 'confidentiality' means.

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Activity 10: Task (Individual work)

Using the Internet or your textbooks, provide five examples of what a care order to maintain confidentiality.

Number	What should they NOT do?
1	
2	
3	
4	
5	

Activity 11: Task

Using Case Study 3, answer the following questions:

1. Describe how Dr Morris effectively managed conflict between Denise and the university.
2. Describe what the conflicts of interest were in this scenario.
3. How did Dr Morris balance the resources and services of the university?
4. How did Dr Morris increase risk while at the same time promoting care?
5. How did Dr Morris maintain Denise's confidentiality?
6. Using two ethical theories, state what decision Dr Morris should deal with Denise's reckless behaviour.

1	
2	
3	
4	
5	
6	

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B.D2 Justify the strategies and techniques used to address ethical issues and challenges experienced by different needs when planning and providing care

Legislation and guidance on how to minimise

- conflict of interest,
- balancing resources,
- minimising risk.

There are commissions, legislation and guidance that help carers and those in the social care make ethical decisions as follows:

ORGANISATIONS:

There are a number of organisations within the UK that are involved in the social care sector. It is important to understand their role.

Activity 12: Task (Individual work)

Match the organisation to their function.

1. National Health Service	A. This organisation is responsible for ensuring the standards of care within the organisation are in place. It sets policy. All services are reported to it.
2. Department of Health	B. Also known as the Public Health Agency, it provides guidance and support to local authorities to improve public health.
3. National Institute of Health and Care Excellence	C. This government department shapes public health policy and helps people to live healthier lives. It ensures people get the best care and treatment.
4. Health and Safety Executive	D. It provides advice and guidance on health and safety issues. It also provides services, such as the point of entry to the health and safety system for employers.

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LEGISLATION:

In a health and social care setting, you need to understand the importance of adhering to legal guidance, as this protects against poor practice. Legislation also ensures that everyone is clear about his or her rights and responsibilities within the care environment.

Activity 13: Task (Individual work)

Use your textbooks or the Internet to research each piece of legislation. Prepare

Legislation	What are the main points?
Human Rights Act 1998	
Mental Capacity Act 2005	
National Health Service Act 2006 Section 14C	
Mental Health Act 2007	
Equality Act 2010	
Carers Act 2014	

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THE BOURNEWOOD CASE

In 1997, a 49-year-old severely autistic man (known as HL), who was unable to talk, was distressed in a day centre. When carers, the GP and the centre could not contain him, he was readmitted to Bournemouth psychiatric hospital, in Surrey, where he used to reside. The hospital decided to admit him for 'observation'. Instructions were given that if he attempted to leave the hospital, he should be sectioned under the Mental Health Act 1983 (and, therefore, the safeguards under this legislation). However, as he made no attempt to leave (because he could not communicate his wishes), he was not detained under the Mental Health Act 1983. He was 'accommodated' in his own 'best interests' under the common law doctrine of necessity. Psychiatrists would not allow his carers to visit him during his stay even though it was postulated that there was a relationship between his carers and the hospital.

His carers, however, were not happy and felt that as he could not speak, he WAS being sectioned. He was 'sectioned' but not afforded the same rights of protection to guard against his detention (reviews/assessments, etc.) Therefore, during his stay his carers (Mr and Mrs) sought legal proceedings to remove him from the facility. Their case was initially rejected by the High Court but was later upheld by the House of Lords who stated that he was correctly 'accommodated' under the doctrine of necessity. Although he was released after four months, his carers stated that he was 'someone out of Belsen'. Therefore, they decided to pursue the case, where it was taken to the European Civil Rights. In 2004 they ruled that HL had indeed been 'deprived of his liberty' and the government was allowed his right to have the lawfulness of this detention reviewed in the future.

In response to this case, the government added Schedule A1 to the Mental Capacity Act 2005, which introduced an authorisation and review process for vulnerable people who are subject to a deprivation of liberty while in a facility or hospital. Here, the local authority is responsible for reviewing the deprivation of liberty 'depriving' anyone of their 'liberty'. As a result, therefore, it should prevent detention or detentions are ended immediately. Therefore, all authorised deprivations of liberty must be reviewed at a time and review as a result of this case.

Activity 14: Task (Group work)

Design a leaflet that will be displayed in a psychiatric hospital. It will be displayed in a common area intended as a guide for service users and their relatives. Your leaflet should include:

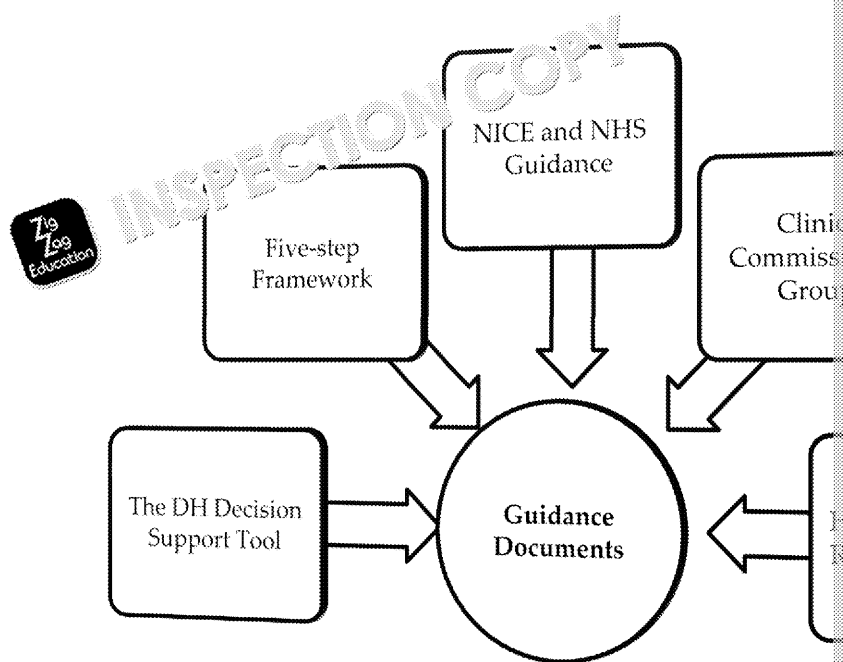
- Title – ***Changes to the Mental Capacity Act and the Mental Health Act: know your rights***
- Outline the Bournemouth Case
- State the changes that occurred to the Mental Capacity Act because of this case. What act was amended?
- How do these changes protect more vulnerable individuals such as HL?

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GUIDANCE:

There are a number of 'guidance' documents that help carers make ethical decisions in the workplace. The key documents are:



Activity 15: Task (In groups)

Design and perform a **presentation**. The class should divide into five groups, each to focus on one of the five topics listed above. Use the boxes below to help you **present** your information.

Guidance document	
What is it?	
How does it benefit the service?	

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Guidance document	What is it?	How does it help?
The DH Support Decision Tool		
Five-step Framework		
NICE and NHS Guidance on Care Pathways		
Clinical Commissioning Groups (CCGs)		
HSE Guidance on Risk Assessments		

As you know, Dwane attends his local youth support centre. At the centre, he has recently met Debbie. She is of a similar age and has learning difficulties. The other day, a support worker at the centre found Dwane and Debbie kissing in the common room. The support worker reports this to the centre manager. The centre manager decides that Dwane and Debbie should not be alone together. This decision was not discussed with them, however, other than being told that they are not allowed to be alone together. Neither Dwane nor Debbie have 'Guardianships' under the Mental Capacity Act. They both feel very upset about this decision and feel confused, betrayed and hurt. Dwane has felt very hostile towards his mother, as he has not gone into the manager's office. Debbie's mother, however, does not agree with this decision, and is wrong not to consult her daughter about the decision. Debbie's mother does not see anything wrong with their relationship and she feels that they should be allowed to be alone together. She knows Debbie well and believes that she is able to understand the nature of the relationship and engage in safe sex. She has decided to make a formal complaint against the centre regarding the decision and how it was handled.

Activity 16: Task (Individual work)

You are a qualified social worker who works for Camden Council on the 'Adult Social Care Complaints Unit'. You have recently received the formal complaint from Debbie's mother regarding the youth support centre's decision to prohibit Debbie and Dwane from being alone. You have been asked to write a formal report for this case. This report will be passed to the 'Adult Social Care Complaints Unit' manager/director who will decide whether to reject or support Debbie's mother's complaint.



For this report, you should:

1. outline and explain the ethical dilemma that has arisen in this situation
2. suggest and analyse an ethical solution to this problem that allows Debbie and Dwane to have a safe relationship
3. evaluate whether the centre is promoting anti-discriminatory practice and can be used to overcome the ethical issue arising from Debbie and Dwane's relationship

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SECTION C: INVESTIGATE THE PRINCIPLES BEHIND ENABLING CARE AND SUPPORT NEEDS TO OVERCOME CHALLENGES

C.P4. Explain the strategies and communication with individuals with different needs to overcome challenges



Individuals within a health and social setting often face a number of different challenges.

Activity 1: Task (Individual work)

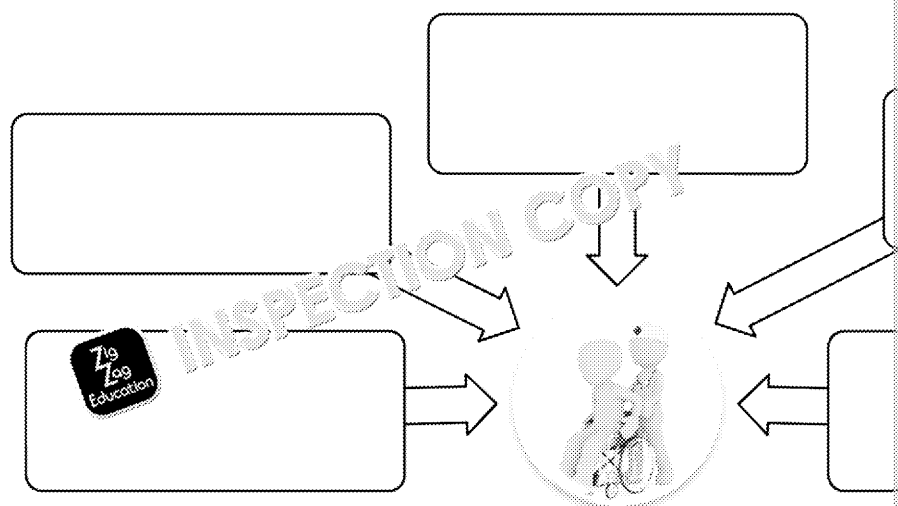
For elderly individuals, give an example for each type of challenge.

Individuals with care and support needs face different types of challenges.

Types of Challenge	Awareness and Knowledge	
	Practical Challenges	
	Skills Challenges	
	Acceptance and Beliefs Challenges	
	Motivational Challenges	
	Communication Challenges	

Task 2

Discuss in groups the consequences of individuals not being able to overcome their challenges and write your answers in the boxes below.

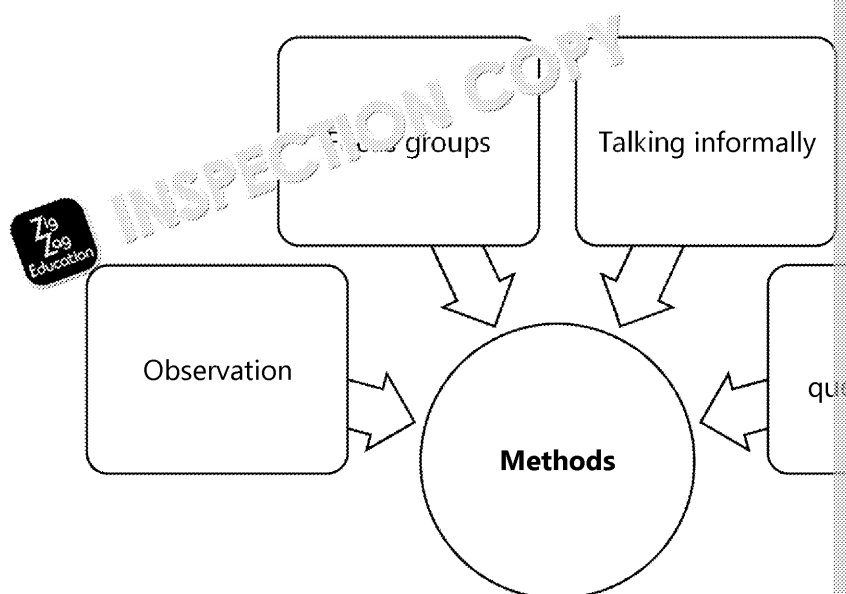


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Methods used to identify challenges in a Health and Social Care



Activity 3: Task (Group work)

Each person should research (textbook or Internet) one method used to identify challenges in a Health and Social Care setting and present your information back to the rest of the group, who will write your information into the table below.

Method	How does it identify challenges in a Health and Social Care setting?
 Observation	
Focus group	
Talking informally	
 Using questionnaires	

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Strategies used to cover challenges



Education information materials

Training courses

Opinion leaders

Clinical audits

Computer-aided advice systems

Patient-mediated strategies

Activity 4: Task

Using your textbooks or the Internet, match the description to the strategy.

	Strategy
a)	Online systems allow service users to gain access to specific information regarding illness, disease care and treatment options available also provide information regarding the side effects of medication.
b)	Uses mass media campaigns in order to reach the general population. As a result, service users are better informed about diseases and illnesses and treatment. As such, they are able to make better decisions regarding lifestyle and treatment.
c)	Materials inform service users about healthy living and also provide information on how to overcome any challenges they may face, such as giving up smoking.
d)	Often, well-known individuals are able to influence both small and large groups of people in society. As such, they are able to raise awareness about such issues such as prostate cancer, which makes more men aware of the disease and when to visit the doctor.
e)	Often the NHS provides courses that enable people to overcome any challenges they may face, such as weight loss. As such, the course may help them to implement strategies that enable them to overcome these challenges.
f)	This is an organisation that carries out a review of care found within both private and public organisations within the UK. The results of the reviews are made public and can help drive up and improve standards of care across the UK.

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Policy Framework

A 'policy framework' is set of rules which are coherently organised and written. Often they are a set of principles that should be followed within the industry. They tell all employees within an organisation how to implement 'best practice' when working. Many policies within care organisations attempt to reduce health inequalities.

Examples of policies include:

- NHS Patient Experience Framework
- Health Action Plans
- Adult Social Care Outcomes Framework
- Commissioning Assessment Framework

Activity 5: Task (Individual work)

Using your textbooks or the Internet, fill in the table below.

Policy	Description	How it is implemented
NHS Patient Experience Framework		
Health Action Plans		
Adult Social Care Outcomes Frameworks		
Commissioning Assessment Framework		

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EXPLAINING THE STRATEGIES USED WITH INDIVIDUALS TO OVERCOME

Activity 6: Task (Individual work)

Using Case Study 4 (Martha) answer the following questions:

1. Identify and discuss Martha's challenges.
2. What were the methods used to identify her challenges?
3. What strategies did the GP and psychiatric nurse use in order to help with her challenges?

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C.P5 Explain the benefits of promoting personalisation and overcoming challenges faced by individuals with mental health problems



How to promote personalisation

'Personalisation' allows individual service users to set their own goals with their care. It also allows them to have more choice and control of their care where they live, work and where some of their personal budget is spent. When a local authority is required to provide support, they will carry out a 'Care and Support Needs Assessment'.



Case Study: Brian

Brian is autistic and also diabetic. He is 49 and lives with his elderly parents. They are no longer able to give him any support as they are too elderly and have their own health issues.

To promote *personalisation*, the local authority recently carried out a 'care and support' needs assessment. Here, it was found that his needs meet the National Eligibility Criteria because he was unable to achieve TWO or more outcomes. This is because his needs arise from a physical or mental impairment or illness; this means he is unable to achieve two or more specific outcomes (for example, dressing himself); lastly, he is likely to suffer a significant impact upon his mental and physical well-being as a result of this impairment (he gets severely depressed if left alone with his parents for long periods of time).

If he hadn't met the criteria, the local authority would have given him information about services and ways in which they could have been funded. This wasn't the case as he meets the criteria, the local authority will now have to meet his needs. Brian will receive support both in his own home and in the residential home that he goes into for respite care to give his parents a break. The local authority made sure that Brian was consulted and his parents before making any decisions and they also appointed an independent assessor to the residential centre that he attends. However, as the local authority are paying for the care, they have made the decision that Brian should attend the centre every three weeks. This is not as effective. If Brian had been self-funded, then he could have made the decision to attend the centre every two weeks.



Personalisation and the elderly

Service users can decide the services they want, the provider they wish to purchase it from and how they want it delivered. An example of this is 'Attendance Allowance' which is claimed by many elderly people. Here, they receive a weekly payment of money and it is up to them how they spend it. They may choose to spend it on supported home living services or, rather, hot meals at the local residential centre.



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SPECIFIC OUTCOMES FOR ASSESSMENT

Activity 7: Task

State why the following are used as a measure to assess a service user's need for National Eligibility Criteria.

Managing their own... (Outcome)	Why is it used as a measure of a service user's need for National Eligibility Criteria?
Personal hygiene	
Movement in and out of and about the home	
Caring responsibilities, such as for a child	
Relationship with family and friends	
Access and engagement in work, training, education or volunteering	
Safe use of facilities in local community	
Toilet needs	

Activity 8: Task (Discuss with your teacher)

Did Martha meet the National Eligibility Criteria? If she did/didn't state why.



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METHODS OF RECOGNISING PREFERENCES

Care Plans

The NHS made a commitment that, by April 2015, everyone with a long-term condition would be offered a personalised care plan.

There are three types of care plans:

- **Care** – Here, it outlines the care and support services that need to be provided for individuals who need extra help.
- **Learning** – Here, it outlines a programme of learning to support people.
- **Behaviour** – Here, it outlines how a person's behaviours may be changed, such as in the case of autism.



The importance of *personalisation* – promoting choice and control has on care

It is vitally important that service providers promote independence. When it is not promoted, it can lead to the service user feeling upset and depressed. However, 'person-centred' personalised care, it can help a person manage long-term conditions such as diabetes. This is because the individual person is put at the centre of the plan and their situation is taken into account. The aim is to provide early intervention to prevent a condition from becoming established later on, when the condition is more established and harder to treat. In 2010, the NHS made a commitment that everyone with a long-term condition would be offered a personalised care plan.

Activity 9: Task (Individual work)

1. Research the NHS and find out if the NHS met their target of providing a personalised care plan for everyone with a long-term condition.
2. Design a leaflet that is to be displayed in a doctor's surgery. 1) It should outline what a personalised care plan is. 2) It should also describe how a service user can get a care plan and the steps that must be undertaken?

Activity 10: Task (In groups of no more than four)

Design a PowerPoint PRESENTATION including the following:

1. Outline of what type of plan was implemented for Martha.
2. How a personalised plan was achieved for Martha

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C.M4 Assess the strategies and communication skills to overcome different challenges faced by individuals with different care and support needs



It is vitally important that carers and those working in a health and social care setting communicate effectively with service users.

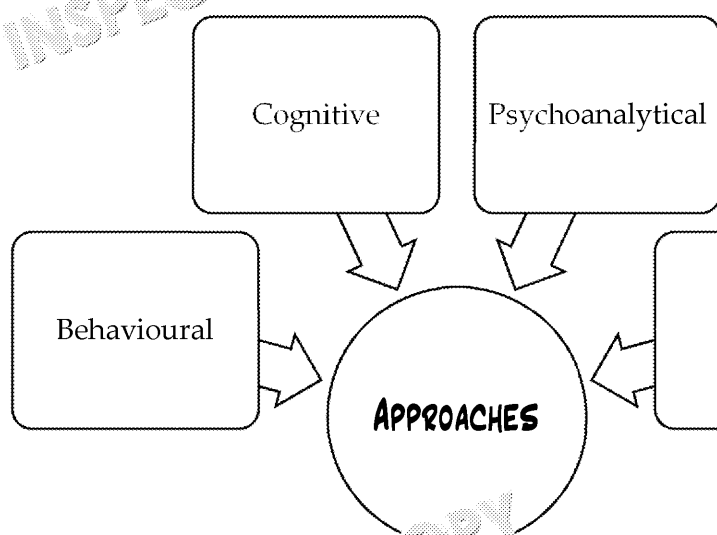


Activity 11: Task

Why are communication skills important? Fill in the missing blanks...

1	Allows users to better their wishes
2	Allows service to gain a better of service

DIFFERENT PSYCHOLOGICAL APPROACHES TO EFFECTIVE COMMUNICATION



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Activity 12: Task (Individual work)

Using the Internet or your textbooks, fill in the missing blanks. State the **disadvantages** and then its weaknesses.

1. Behavioural Approach	
What?	
Strengths	
Weaknesses	

2. Cognitive Approach	
What?	
Strengths	
Weaknesses	

3. Psychoanalytical Approach	
What?	
Strengths	
Weaknesses	

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4. Social Approach

What?	
Strengths	
Weaknesses	



5. Humanist Approach

What?	
Strengths	
Weaknesses	

Activity 13: Task 1 (Individual work)

Briefly research manic depressive disorder. Provide an outline of this disorder.



Task 2

Discuss in pairs which type of 'therapy or approach' you would use with Martha. Show how you would use this approach and what the benefits would be to using this approach. Write down your findings once discussed and share with the rest of the class.





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TYPES OF COMMUNICATION

There are generally three types of communication: verbal, non-verbal (body language) and written.

Type of communication	Feature	Benefits
Non-verbal Communication 	Posture, facial expression, eye contact, use of touch, gestures, non-threatening body language, personal space.	This allows the service user to feel comfortable and effective communication. It is important and protected but also that the service user is respected.
Written	Keeping records and documents. Meaning of the document has to be clear and with well-structured writing. Documents need to be written in coherent, structured manner to allow service users to access the document easily.	It is paramount that written documents are clear. Verbal communication can be forgotten. However, written communication is a disciplined technique to ensure appropriate service user access.
Verbal 	This is used to express ideas, thoughts and feelings. Good verbal communication is very important in HSC. A balance to listening. Verbal communication can be both formal between service provider and service user or informal between family members.	Verbal communication is important with service users. For example, information put a service user (doctor/patient) however, it is not always formal language. For example, a meeting to discuss a patient's care.

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Activity 14: Task (Group work)

Devise your own case study to show the use of all three communication types and show how the three different types should be used effectively.

For example, you are a carer for an elderly woman. Just before you arrive. It is your role to comfort her, using all three forms of communication in this situation. Provide examples for each.

Examples:

- Non-verbal communication (body language) – which would be appropriate?
- Verbal communication – what can you say to support her?
- Written communication – what records may you need to complete in this situation?

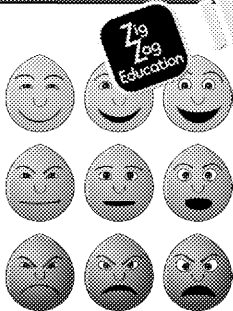
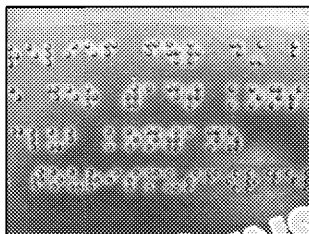
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ALTERNATIVE COMMUNICATIONS

Activity 15: Task (Individual work)

Using your textbooks or the Internet, find out about the following alternative



1. Makaton	
2. British Sign Language	
3. Braille	
4. Communication Board	

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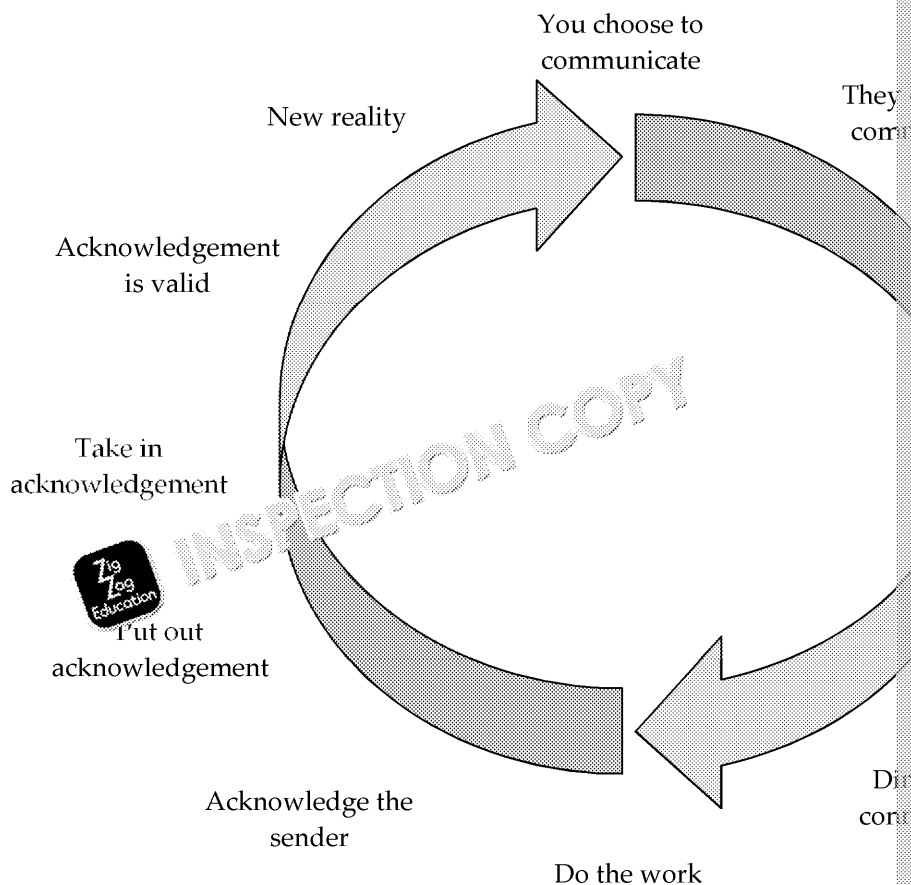
THEORIES OF COMMUNICATION



There are a number of different 'theories of communication', which attempt to explain how groups of people communicate with each other. Understanding these theories can help you to communicate more effectively.

Charles Berner

Charles Berner (1956) developed his theory of communication by viewing it in 12 parts.



Michael Argyle

Argyle argued that non-verbal communication can be more important than verbal communication. For example, he found that eye gaze tended to be more limited with strangers. Feelings of friendship can be encouraged by increased eye contact. He also found that non-verbal and verbal cues can be presented in a conflicting manner; for example, while smiling, a person's body language will undermine what is being said. He built on Berner's theory and stated that effective communication occurs in a cycle subconsciously. If this cycle is understood, it can be learnt.

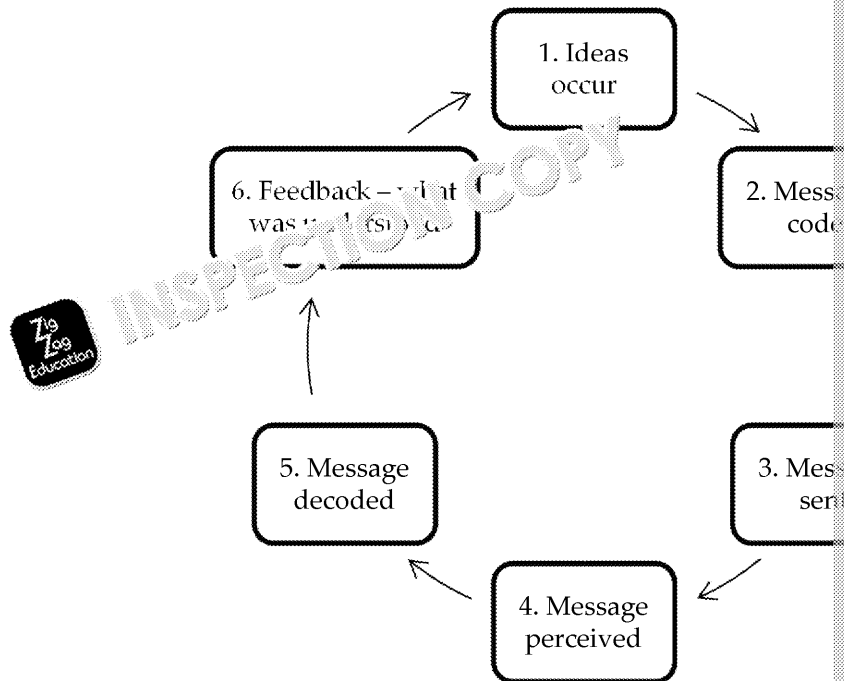


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The Communication Cycle:



Bruce Tuckman

Bruce Tuckman (1965) argued that groups go through a series of stages as they communicate with each other. The stages are as follows:

1. Forming – A group of strangers come together. High dependence on group leaders.

2. Storming – Members of group start to fall out with each other.

3. Norming – Things calm down in the group.

4. Performing – Group is sorted, disagreements resolved.

5. Adjourning – Group breaks up when task is complete. Sadness about the loss of group.

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Activity 16: Task

In the box below, state:

- when a communication technique is used by professionals to overcome individuals with care and support needs,
- the advantages of this communication technique,
- the disadvantages of this communication technique

Communication technique	Provide an example of how it is used to help individuals overcome challenges	Advantages of this technique for HSC
Charles Berner		
Michael Argyle		
Bruce Tuckman		

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SECTION D – INVESTIGATE THE ROLES OF PROFESSIONAL WORK TOGETHER TO PROVIDE THE CARE AND SUPPORT MEET INDIVIDUAL NEEDS

D.P6 Explain why meeting the needs of the individual requires the involvement of different agencies



In recent years there has been a drive for agencies to work together in order to provide a better service. In the past, differing services did not communicate with one another and this led to lower standards of care.

There are a number of different agencies that commission healthcare services. They decide upon what services are needed. These are:

Clinical Commissioning Groups in England (CCGs)

Local Health Boards in Wales

Health and Social Care Board in Northern Ireland



Activity 1: Task (Individual work)

Using your textbooks or the Internet, fill in the boxes below:

Organisation Name	Role	Who belongs to these organisations?
CCGs		
Local Health Boards – Wales		
Health and Social Care Board – Northern Ireland		



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D.P7 – Explain the roles and responsibilities of members of the multidisciplinary team in meeting the needs of specific individuals



Key Terms and Definitions

Multidisciplinary Team



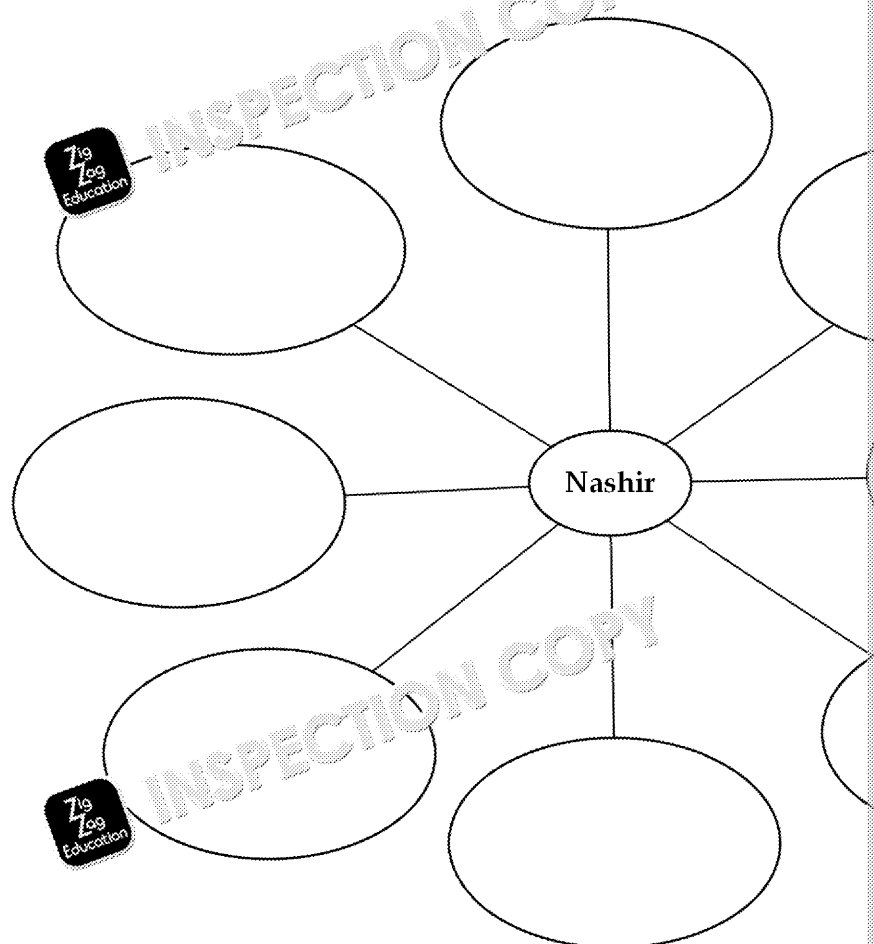
A multidisciplinary team is comprised of individuals from different service or agency, but they perform a different role. They work together to support an individual or family. For example, a practice nurse. Service user should receive a service as a result.

Multi-agency Team

This is made up of professionals from different services. For example, members of the social work in child protection or geriatric social work. A local mental health team (associated with the needs of an elderly person who has both housing needs).

Activity 2: Task (Pair work)

Using Case Study 5, state both the agencies and team members who are involved in the care of Nashir.



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Activity 3: Task (Individual work)

Using Case Study 5, state the multidisciplinary agencies that are involved in the left-hand column. Then, state the members of the multidisciplinary teams who are involved in the case, in the right-hand column.

Multi-agency	Multidisciplinary

Activity 4: Match (Pair work)

Match the job to the responsibilities.




1. GP	A) Uses psychological methods to help service users in the service users' lives with depression, anxiety and other mental health problems.
2. Nurse	B) Typically becomes involved in the service users' lives when they make appointments and manage their concerns. They can then refer service users to a specialist.
3. Paediatrician	C) Seeks to reduce infant and child mortality. Requires a referral from a general practitioner for infectious diseases or other conditions.
4. Clinical Psychologist	D) Often carries out the recording and monitoring of service users, administer medicine and provide other services, such as taking blood samples.

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Activity 5: Task (Individual work)

Using the Internet or your textbook, find out about the role of the two professions below.

Occupation	Role	
 Occupational Therapist		
 Special Educational Needs Teacher 		

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D.M5 – Assess the benefits of multidisciplinary working for specific individuals with care and

Activity 6: Task (Pair work)

Using Case study 5, state the advantages and disadvantages of multidisciplinary multi-agencies working together to support Masud.

	Multidisciplinary Teams	Masud
Pros		
Cons		

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D.D4 – Evaluate how multi-agency and multidisciplinary teams can meet the care and support needs of

Activity 7: Task (Individual work)

Using Case Study 5, evaluate how multidisciplinary members and multi-agency teams can meet the care and support needs of Nashir. You should use the following aspects to help you evaluate how his

The promotion of equality and independence	Overcome challenges	
		
<p>Based upon the evidence above, state how successful multi-agency and multidisciplinary teams have been in meeting Nashir's care needs.</p>		
		

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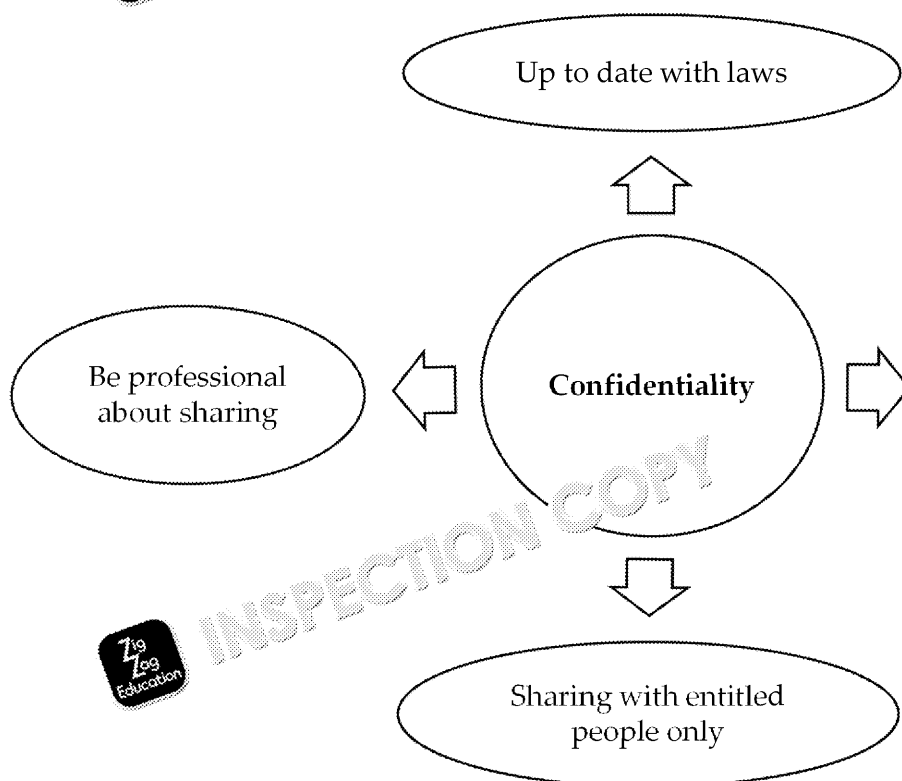


D.P8 – Explain the arrangements for managing confidentiality between professionals



Confidentiality is very important within health and social care. It means that information is not shared with anyone without the knowledge of the service user.

WAYS TO MAINTAIN CONFIDENTIALITY:



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Activity 8: Task (Group work)

Read Presentation 1: Dr Rasheed. Carry out a group presentation outlining confidentiality was maintained in order to support Nashir. You should answer the questions below and use these as the basis of your presentation.

<p>1. State which laws Dr Rasheed needed to update his skills.</p>	
<p>2. State which laws Dr Rasheed had to make himself familiar with in order to update the surgery's confidentiality policy. Briefly discuss these laws and how they relate to confidentiality.</p>	
<p>3. State which codes of conduct and which principles Dr Rasheed has to make himself familiar with in order to update the surgery's confidentiality policy. Briefly discuss these codes of conduct and how they relate to confidentiality.</p>	
<p>4. How did these amendments to the surgery's confidentiality policy help Nashir?</p>	

MANAGING INFORMATION

All organisations should have policies and codes of practice for managing information. They should focus on:

1	2	3
Identifying why information is needed	Identifying what information is needed	Searching for the information

Activity 9: (Pair work)

Using Case Study 5 and Presentation 1, state how the GP/surgery followed

1	
2	
3	
4	

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D.M6 – Analyse the impact of legislation and codes of management on multidisciplinary

Activity 10: Task (Group work)

Using the Internet or your own knowledge fill in the boxes below.

Code of Practice Legislation	What guidance does it provide for managing information?	Who can information be
Data Protection Act 1998		
Human Rights Act 1998		
The Care Act 2014		
A Guide to Confidentiality in Social Care 2013		

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Code of Practice / Legislation.	What guidance does it provide for managing information?	Who can information be shared with?
The Caldicott Principles		
The Freedom of Information Act 2000		
Mental Health Act 2007		
Mental Capacity Act 2005		
Care Quality Commission (CQC) Codes of Practice		
The Health and Care Professions Council (HCPC) Codes of Practice		

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D.D3 Justify how organisations and professionals work together in managing information and maintaining confidentiality

Activity 11: Task (Individual work)
Using Case Study 5, fill in the boxes below.

	Professionals	
	Dr Rasheed	Jo Murray – Psychologist
How did the agencies and/or the members of a multidisciplinary team help support Nashir?		
Which working practices did they use to meet Nashir's individual needs?		

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	Professional	
	Dr Rasheed	Jo Murray – Psychotherapist
How should/did they maintain confidentiality in Nashir's case?		
Which importance pieces of legislation did this professional draw on when making decisions in relation to maintaining Nashir's confidentiality?		
What are the confidentiality issues in Nashir's case?		

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Answers

Introduction

Activity 1

Equality: Equality in a health and social care setting is about making sure that every individual has an equal opportunity to make the most of their lives and talents. Equality means that everyone should have the same life chances regardless of a disability, where they were born, family circumstances, or any other factor that may cause them to be different from the 'norm'. Nor should it matter what their background is. That history of discrimination against groups of people with particular characteristics, e.g. race, ethnicity, gender, etc. have experienced discrimination which means that they do not have equal access to services.

Diversity: People have individual differences and talents. They are also different in their beliefs, culture and values and they may also have differing talents. In health and social care, diversity means equality of opportunity which allows individuals to express their differences (diversity) and to participate, thrive and contribute to society.

Discrimination: Discrimination occurs when someone has a prejudice against another person or group of persons. They might be discriminated against due to their ethnicity, religion, gender, age, etc. This means that they will be treated differently and not receive the same opportunities as others. They are discriminated against.

Attachment Theory: In order to be empathetic, a care worker should have a good understanding of 'Attachment Theory' so they can gain a better understanding of why service users behave the way they do. 'Attachment theory' was first developed by John Bowlby. He stated that a child's relationship with their primary caregiver (normally the mother) at an early age will influence their emotional and psychological problems late on in life.

Ethics: Moral principles that govern a person's behaviour or the conducting of an activity. There are many different philosophical theories regarding ethics. Need to say, however, that they all revolve around 'doing the right thing' and 'why and when this should occur'.

Conflict of interest: This is a situation in which the concerns or aims of two different parties are in conflict. Often in health and social care, the interests of the service user are incompatible with the interests of the providers. This is often the case where there are financial constraints which prevent the service user being carried out.

Legislation: This is 'law' which has been enacted by a governing body. Before a law is passed, it is known as a 'bill'. There are many laws within the UK that stipulate how policies and procedures should be implemented in the UK. For example, the Data Protection Act states that information cannot be processed without the individual's consent.

Communication Skills: The ability of an individual to convey information to another person in an efficient manner. Social workers with good verbal, non-verbal and written communication skills can share information in a manner that enables other professionals and service users to understand the situation.

Policy: This is a course or principle of action that is adopted or proposed by an organisation. In health and social care, if it is an HSC policy it is often a written document that provides staff with an outline of how they should proceed.

Cognitive Psychology: This is a branch of psychology that views the human brain as an information processing system. It researches how human memory works or how we store information.

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Psychoanalytical Psychology: This branch of psychology is based upon the work of Freud. Freud included in this theory the idea that things that happen to people during childhood can contribute to the way they function as adults. He felt that the personality was split into the ego, super-ego and id. His theory of the personality was further divided into the conscious, subconscious and unconscious. Often things from childhood can be buried into our subconscious only to emerge during times of stress.

Social Psychology: This is the study of how people's thoughts, feelings, and behaviours are influenced by the presence of others and society itself. Often individuals are heavily influenced by others even on TV. This can, therefore, affect an individual's thoughts, feelings and behaviours. For example, people are often influenced to dismiss their own judgements in favour of going with the majority.

Behavioural Psychology: This branch of psychology deals with the presentation of behaviour. It takes into account thoughts, cognitions and feelings. It believes that human behaviour can be predicted. As a result of this measurement conclusions can be drawn about how humans function. For example, phobias can be overcome through 'desensitisation' where the phobic person should be exposed to the object of their fear by touching or being near to it.

Confidentiality: This is the state of keeping a subject secret or private. In HSC it is important that information regarding a service user is kept private and confidential. Permission must be gained from the service user before information is to be shared.

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Section A: Examine principles, values and skills which underpin the care and support needs of individuals

A.P1 Explain the importance of promoting equality and diversity for individuals with different needs

Activity 1a

Principle/value	Meaning	Why it is important
Equality 	Everyone having equal access to the services they need. Their person's needs should also be met. This does not mean that everyone will be treated the same. Rather, their individual abilities and beliefs should be taken into account.	It is important that everyone is treated equally and that their needs are met.
Diversity	Britain is a multicultural society. This means that it contains a variety of different cultures, religions, ethnicities, and groups of people. All of these people are diverse (range of difference) with differing beliefs and attitudes towards life. People also differ in terms of their gender, age, sexuality and abilities/disabilities. All differences should be respected.	If you do not respect diversity, you will not be able to meet the needs of all the people in your care.
Discrimination 	Discrimination occurs when one person has a prejudice against another person or group of persons. They may be discriminated against due to their ethnicity, religion, gender or disability. This means that they will be treated differently and not receive the same opportunities as those that are not discriminated against.	If a person is discriminated against, they will not be able to receive the same opportunities as those who are not discriminated against.

Activity 2

- Equality: The centre has taken into account Dwane's differing needs (such as his hearing impairment and diabetes) and understood that he needs additional support in order to gain his needs met. Therefore, they have provided not only a designated person, but they have also provided a sign language interpreter who will allow Dwane to express his wishes.
- Diversity: The centre has ensured that it supports diversity as it encourages Dwayne to listen to reggae music and it has also arranged for a local reggae artist to visit the centre to perform live music once per week in order to support Dwane's cultural heritage.



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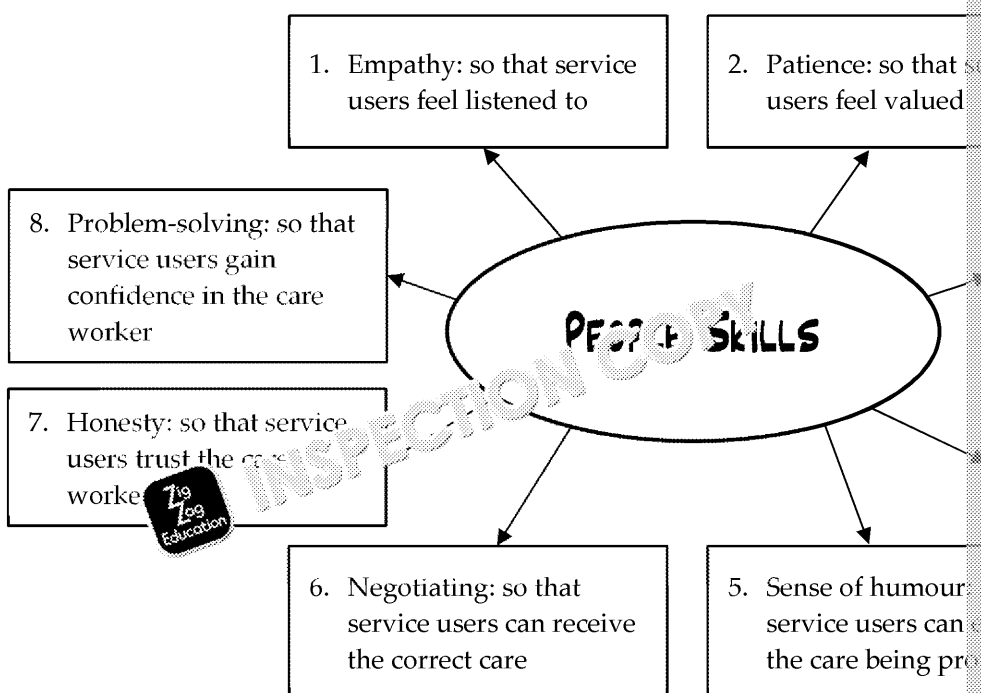
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A.P2 Explain the skills and personal attributes necessary for professionals who work with different needs

Activity 4

Value	Definition
Care	The provision of what is necessary for the health, welfare, or happiness of someone or something.
Compassion	Sympathetic pity and concern for the sufferings or misfortunes of others.
Competence	The ability to do something successfully or efficiently.
Communication	The imparting or exchanging of information by speaking, writing, or using some other medium.
Courage	The ability to do something that frightens one; bravery.
Commitment.	The state or quality of being dedicated to a cause, activity, person, or belief.

Activity 5



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Activity 7

Question	Answer
1. What type of discrimination do you think Donna is subject to?	Direct discrimination – because Julie is refusing to be rude and offensive.
2. What were the effects of this discrimination? How did this make her feel?	It has made Donna feel depressed, and she has made her friend feel she cannot go to work upon her relationship with Jackie.
3. What skills and personal attributes do you think Dr Pearce demonstrated?	Dr Pearce has demonstrated excellent skills and demonstrated use of the 6 Cs (care, compassion, competence and commitment). This is because he communicated his thoughts well, used a calm observation skills, used clarification, and the situation by stating this it would also make
4. How could the organisation (surgery) ensure that staff do not behave like this again?	At the surgery, the 6 Cs should be 'embedded' into the organisation. This means there should be a plan on how the 6 Cs are to be implemented into the organisation. Staff should receive regular training in how to use the 6 Cs. They should also receive a 'performance review' to demonstrate where they have used the 6 Cs. They should 'shadow' fully trained members of staff to be regularly observed to ensure quality and consistency. By having the 6 Cs embedded into the organisation, not only are all care workers trained to a high standard, but they are not working to the same standards are identified.

A.M1 Analyse the impact of discrimination for individuals with different needs

Activity 8

Initiative	How can it be adapted?	Analyse impact: pros
Access	Environment can be adapted to allow better access to facilities, e.g. doors can be widened, hearing loops.	Allows equal access to services for disabled service users. Provides equality of opportunity.
Diet	Provides a choice, so those with medical, religious or cultural preferences are provided for.	Makes service users feel valued and respected.
Support	Resources and information are provided in a range of formats/languages along with advocates, translators and interpreters to be available.	This allows service users to gain access to services that may otherwise remain unavailable to them. Allows them to make an informed decision.
The use of advocacy services	Someone can speak on behalf of someone else as they are unable to speak for themselves because they are ill, disabled, can't speak the language or lack confidence.	This often allows the very vulnerable to gain access to services available.

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A.M2 Assess different methods professionals might use when building relationships with individuals with needs

Activity 10

Securely attached

A child that is securely attached will want to return to the caregiver to the comfort and reassurance. The baby/child will use the caregiver as a 'secure base' from which to routinely return (to the caregiver) for comfort and reassurance.

The child is happy to snuggle into the caregiver, and is both distressed and angry when they return.

NOT securely attached (insecure attachment)

There are several different types of insecure attachments. An '*anxious resistant*' child and inconsistent care. They will thus be anxious themselves, fearful to venture out. The primary caregiver will not be there to support them.

An '*anxious avoidant*' child will appear distant and unresponsive and shut down when they do not need the caregiver when they leave. In addition, they cannot be reassured.

When a child has a '*disorganised attachment*' style they will be anxious when the caregiver is present and when they are apart from them. This occurs when the caregiver is abusive and the child does not, therefore, gain any comfort from being with them while, at the same time, in their surroundings and new experiences.

Why is it important that care workers understand the problems that can arise from insecure attachment? How might a person not be autonomous and resilient?

'*Anxious resistant*' – These adults are bossy and controlling. They do not like rules and boundaries.

'*Anxious avoidant*' – These adults will often find it difficult to express their emotions and feelings in relationships. They will seek reasons for their behaviour but often withhold affection for fear of rejection.

'*Disorganised attachment*' – These adults are often aggressive, non-compliant and often become easily startled and then withdraw for no apparent reason.

Activity 11

This results in a higher standard of care, where the needs of the service user are met and they are able to recover.

The triangle of care for Dwane involves himself, the centre (designated carer) and the service user.

When a triangle of care is in place, there will be better communication between all three parties. The service user feels supported as the carer and the service user understand their needs due to this.

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Activity 12

	Questions	Your Answer
Person A (Dwane)	<ol style="list-style-type: none"> Why do you think Dwane has behaved like this in this situation? What skills and personal attributes do you think he responded to best? Why do you think he responds well to empathy? 	<ol style="list-style-type: none"> Because of his attachment issues, he may not be able to respond in a dysfunctional way that the girl was simply not a personal attack. This then may be an aggressive way. He will respond well to the use of these behaviours show an understanding of the issues. As such, it is important and effective communication through this problem. It is also actively listens and responds to his anger. By empathising with Dwane, we can step into his shoes and understand why he 'overreacted' in this situation.
Person B (member of triangle of care)	<ol style="list-style-type: none"> As a professional, why do you think Dwane behaves in the way he does? What skills and personal attributes do you think he responded to best? Why do you think he responds well to empathy? 	<ol style="list-style-type: none"> Because of his attachment issues, he may not be able to respond in a dysfunctional way that the girl was simply not a personal attack. This then may be an aggressive way. He will respond well to the use of these behaviours show an understanding of the issues. As such, it is important and effective communication through this problem. It is also actively listens and responds to his anger. By empathising with Dwane, we can step into his shoes and understand why he 'overreacted' in this situation.

Activity 13

Methods	Pros	
The 6 Cs	The cornerstone of all caring behaviours. By acting in a caring, compassionate, competent, committed way, with courage and with effective communication, it can help the service user feel valued and understood. The quality of care will, therefore, be of a high quality.	Staff must be trained in these behaviours are actively monitored or applied when being implemented. Not all staff have these skills and attributes and may not be able to.
People skills	If the 6 Cs and personal attributes are consistently demonstrated in daily settings, the carer will have a greater ability to meet the needs of the service user. As such, the care will be higher.	Not all carers will have these skills. It may not always be possible to have these skills at the time. If the carer becomes stressed, they may lose the ability to always be possible for service users due to a number of reasons (mental health issues, etc.). The best interests of the service user are 'honest'. For example, if a carer feels she will never be able to meet the needs of her interests to care for service users, she should not be a carer.

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Methods	Pros	Cons
Communication skills	Communication skills are vitally important in a HSC setting. By using effective communication skills the carer is able to better understand the service user. Effective communication helps to avoid upset and problems. It can also help to build trust and develop relationships. Sharing information (when not subject to confidentiality) is also crucial when providing high level care.	Not all carers will be effective communicators. Some may need training. This can be costly and also need monitoring to ensure development. At times, effective communication, it may not be provided due to their own circumstances. For example, alcohol or drug dependence or self-destructive behaviour may prevent them from services on offer.
Observational skills	Observational skills are vitally important. They ensure it takes the onus to provide information away from the service user and onto the service provider / carer to recognise where there are problems. For example, children that are being abused often find it very difficult to engage service providers and disclose this information. Carers or teachers, therefore, who are trained in spotting the signs of abuse, are vital to 'safeguard' the child.	Not everyone has good observational skills. Although training will help with various problems, some may struggle to spot any differences in service users. Sometimes, observations by carers may be inaccurate and may then offend the service user, the relationship between them and the carer. Therefore, the carer must be careful when acting upon their observations.
Attachment theory	Understanding how children and adults can be affected by their early childhood can provide enormous insights into why a person behaves as they do. Understanding dysfunctional behaviour then allows the carer to be compassionate and empathetic towards the service users. This makes service users feel understood by understanding what motivates their behaviour, therefore, solutions to problems can be found.	Attachment theory is a complex theory to understand. It is largely a 'theory', which uses academic language. Carers have not been trained in attachment theory and may not understand how it can be applied to service users' behaviours. Even when it is understood, it may not be obvious how it can be applied to service users' behaviours.
Triangle of care	The triangle of care allows the service user to feel supported. This is because there are normally two people (to include the service provider) involved in the relationship that provide support to the service user. Because there is normally a designated person that represents the service provider, it allows for close and effective communication between the service user and the other member of the triangle. This results in higher standards of care.	If either the designated person (the service provider) or the other member of the triangle does not have good communication skills, it can compromise the quality of care provided by the service user.
Empathy theories	When a carer is empathetic it enables them to put themselves 'in the service user's shoes'. This means that they are able to understand what motivates behaviours. Therefore, it can enable the carer to be compassionate and to help solve problems. As a result, the service user will feel better supported and receive a higher standard of care.	It is not always possible to put oneself in other people's shoes. For example, cultural, religious differences may pose a barrier to a carer from connecting with the service user. A lack of empathy may lead a carer to lack understanding of the service user's position.

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A.D1 Evaluate the success of promoting anti-discriminatory practice for specific needs

Activity 14

<p>A</p> <p>Treat Dwane as an individual</p>	<ul style="list-style-type: none"> • Diet – the centre has introduced Caribbean food, which promotes his heritage. This makes him feel supported and understood. • Support – they have provided a designated person (carer) and initiatives provide a high standard of care. The use of Makaton services available at the centre. • Training – effective communication means that all staff can meet Dwane's needs. • Advocacy services – these allow Dwane to fully communicate his needs, resulting in a high level of care.
<p>B</p> <p>Allow full access to service provisions</p>	<ul style="list-style-type: none"> • Access – with signage, use of posters and Makaton, Dwane can move around the centre. This makes him feel at home. • Support – designated person, volunteer, Makaton, and communication allow Dwane to access services and provisions that would be available to him.
<p>C</p> <p>Prevent any possible discrimination</p>	<ul style="list-style-type: none"> • Access – the centre has effectively promoted anti-discriminatory practice ensuring that Dwane is able to negotiate himself around the centre using signage, pictures, Makaton and cultural references. This allows him to access services. • Support – by using Makaton, and outside members of his community, Dwane is able to fully participate in the life of the centre without the need for using a care worker that is fully trained in using effective communication. He can express his needs and wishes easily. • Advocacy – due to his autism he has a limited ability to express his needs. He would struggle to express his needs and wishes. The advocate can, therefore, ensure that his needs are fully met.

Activity 15

<p>A</p> <p>Whether you think the surgery's failure to implement the 6 Cs has contributed to discriminatory practices</p>	<ul style="list-style-type: none"> • This has meant that staff lack the skills and practice to support service users with compassion and care. This is where they may be unaware of how to promote equality. • Due to the lack of staff training, they may be exhibiting discriminatory behaviour upon service users. • In addition, the lack of staff training and the failure to implement Compassion in Practice into policy (at the surgery) may have not allowed them to behave in a discriminatory manner have not been able to. • This discriminatory behaviour resulted in Donna being discriminated against but it also limited her ability to access the services she needed.
<p>B</p> <p>Other ways in which the surgery could promote anti-discriminatory practice in the future to prevent such occurrences</p>	<ul style="list-style-type: none"> • Staff training on 6 Cs / staff monitoring. • Staff training on equality groups and their needs. • Staff training on discriminatory behaviour. • The use of images of gay people in the surgery. • The use of advocacy for minority groups. • Leaflets for minority groups on support and services.
<p>C</p> <p>The most effective ways in which staff/care workers could build relationships and establish trust among different service users</p>	<ul style="list-style-type: none"> • Staff training on empathy theories. • Skills – people skills, communication skills, active listening, use of appropriate language, observation skills. • Training on attachment theory and attachment styles. • Understanding how 'triangle of care' can impact on service users.

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Section B: Examine the ethical issues involved when providing support to meet individual needs

B.P3: Explain how to incorporate ethical principles into the provision of support to meet individual needs

Activity 2

Theory/Approach	The basic principle of the theory
Consequentialism 	This theory states that the carer considers the consequences of their actions. A decision is made based upon the consequences that this action will bring. The more 'good' that comes out of the decision, the better the decision is. Because each decision is made on its merits, it can appear that there are no set rules.
Deontology	Also known as 'duty' or 'principle-based theory'. This is based on the idea that making the ethical decision should make a decision based on the obligations of their role. In other words, based upon their role, they should 'do the right thing'. However, because the consequences are taken into account, it can mean that some decisions are not always the best.
Virtual Ethics	This theory takes into account the moral character of the person making the ethical decision. Therefore, here the decision is only 'right' if the person is a 'virtuous' person. Therefore, this virtuous person lives a life that is morally good and their decision is also morally justified. Problems can arise when a person who is not virtuous makes a decision. For example, a person may consider themselves to be religious and have lived a life of moral goodness, therefore, very 'morally virtuous'. However, they may make a decision that is not morally justified, such as not receiving funding from the NHS to receive retroviral therapy with their partner's blood.
Principlism 	Principlism is also known as 'Ethical Principles', where it is based on the four principles of autonomy, beneficence, non-maleficence, and justice. When combining all of these aspects when making an ethical decision, decision makers who take this position will take into account societal norms and beliefs. However, it may not be possible to incorporate all of these principles when making a decision. For example, non-maleficence (do no harm) and the death penalty for a murder who has kidnapped and raped.

Activity 3

Virtual Ethics – A senior consultant has made the decision that Margaret should not have surgery. This decision is made because he is in a senior position with many years of experience and has made this decision many times before. He is faced with these sorts of decisions on a daily basis and the NHS trust have faith in his character. He believes that Margaret will benefit more from the surgery.

Consequentialism – Another consultant, however, feels that Robert should receive surgery. He feels that if Robert does not receive the operation, he will most certainly die. Margaret is in a very urgent YET, so, therefore, she cannot wait for surgery and Robert cannot.

Activity 4

Dr Morris is faced with the ethical dilemma of what to do about Denise's behaviour. He is putting other students at risk of contracting the STI disease, as she does not inform him of her herpes before having sex. Dr Morris is right to confer a meeting with other professionals to manage any potential conflicts that may arise. As a group, they need to make a decision about this situation.

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Many issues arise from this situation:

- Confidentiality: how should Denise's confidentiality be maintained while safe
- Managing conflicts: between Denise and her husband and also with other stu
- Conflicts of interest: Denise wishes to remain on the course but what about the students/patients on the course?
- Is there enough funding to provide Denise with the counselling that she need

To make a decision Dr Morris can use:

Virtue ethics – he is a professional with an excellent record of making sound, rea
is bound by a 'code of conduct' – he feels that Denise is mature enough to remain
Consequentialism – the consequences of allowing Denise to remain on the course (a
infects MORALITY. There is no guarantee that she will change her behaviour



B.M3 Analyse how an ethical approach to providing support would benefit specific needs

Activity 7

Conflict of interest	How would you manage it? What would YOU
1	<ul style="list-style-type: none"> <i>Principalism</i> – Society's norms dictate that the younger person sh <i>Consequentialism</i> – Jon will live longer.
2	<ul style="list-style-type: none"> <i>Deontology</i> – the teacher has the 'duty of care' to inform her line <i>Consequentialism</i> – the consequences of NOT informing her line m comes to the child. Once the school are aware of this abuse, they monitoring to safeguard the child SHOULD anything happen.
3	<ul style="list-style-type: none"> <i>Virtue ethics</i> – if the doctor believes the patient is mature eno without parental support, the doctor is free to prescribe the <i>Consequentialism</i> – the consequences of NOT informing her paren not to interfere treatment. <i>Deontology</i> – However, the doctor has a 'duty of care' to inform
4	<ul style="list-style-type: none"> <i>Deontology</i> – the medical/care staff have a duty of care to preserve life has given instruction NOT to resuscitate, they MUST follow the wish her son's wishes.



Activity 9

Something that is kept secret or private.

Activity 10

Number	What should they NOT do?
1	Discuss a service user with another service user.
2	Share written information without permission
3	Share information in a public setting
4	Leave service user's belongings around (they must be stored in a se
5	Allow information to be read by unauthorised individuals.



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Activity 11

1. He was able to make sure that the issues were outlined. He made sure he also made sure that the meeting was held in a private setting. He made sure that he spoke with both people. He also made sure that he set a time frame.
2. Denise wanted to carry on with the course in acupuncture. However, he had to deal with other students as Denise would be performing invasive procedures. Dr Morris had to deal with maintaining Denise's confidentiality while also ensuring that the other students were informed, so they could receive the correct treatment.
3. He told Denise that there was not enough money in the university budget to pay for her and her husband's course, which was reserved for students in grave financial difficulty.
4. He stated that Denise could continue on the reflexology course.
5. He asked Denise's permission before contacting the university's nurse and the Health.
6. Virtue ethics – he is a professional with an impeccable record of making sound decisions. He is bound by a 'code of conduct'. He feels that Denise is mature enough to continue on the reflexology course.

Consequentialism – the consequences of allowing Denise to remain on the course are that she infects MORE students. There is no guarantee that she will change her behaviour and her counselling will work.

All in all, the three professionals use Deontological and Principalist ethics in order to decide if they decided the following:

- Principalism – beneficence (welfare of other students) and non-maleficence (do no harm) – weighed the rights of Denise against the rights of other students.
- Deontological – all of the professionals felt they had a 'duty of care' to protect the other students from potential harm, as there was no guarantee that Denise would stop this reckless behaviour.
- Outcome: Denise should not be asked to leave the university and is prevented from returning to the facility.

B.D2 Justify the strategies and techniques used to overcome ethical issues and deal with individuals with different needs when planning and providing care

Activity 12

1. D
2. C
3. B
4. A

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Activity 13

Legislation	What are the main points of the legislation?
Human Rights Act 1998	The Human Rights Act is a UK law passed in 1998. It means that public organisations must treat individuals with equality. It also means that individuals can defend themselves against unfair treatment.
Mental Capacity Act 2005	This act is designed to protect those who lack mental capacity. The Mental Capacity Act 2005 presumes that all adults have capacity unless it has been established that they lack capacity. For example, in such cases, a solicitor or family member can apply for a court order to become their 'guardian' to act in their best interests. The act also makes provisions for making decisions regarding all aspects of their life. The act is limited, it affords protection for the most vulnerable.
National Health Service Act 2006 Section 140	This act was brought in to promote and improve the NHS. It attempted to improve physical and mental health services, including diagnosis and treatment.
Mental Health Act 2007	This act is designed to support those with mental health problems. It provides for the reception, care and treatment of mentally disordered persons. It also provides for the management of their property and other matters. It may allow an individual to be detained, unless treatments and care can be provided for that person.
Equality Act 2010	This act protects people from discrimination in the workplace and in the criminal offence to allow any form of discrimination. It includes legislation, such as the Sex Discrimination Act.
Care Act 2014	This act replaces numerous other acts. It aims to provide a new system to support people with physical, mental and learning disabilities. It speeds up the provision of care and gives people control over their care.

Activity 14

b) Outline the Bournemouth Case

This case involved a 49-year-old autistic man (HL), who had recently moved from his home to Bournemouth psychiatric hospital. He was unable to speak and had no life skills but the carers said he was doing very well under their care. However, when he was taken to a local day centre, he was transferred back to Bournemouth. Essentially, he ended up in hospital for months, even though his carers demanded that he be returned to their care. His family said that he looked like a Holocaust victim. They took legal proceedings and they won their appeal at the Court of Civil Rights, who agreed that HL had been wrongfully detained and being released.

c) State the changes that occurred to the Mental Capacity Act because of this case and how it was amended?

This case resulted in the amendment of the Mental Capacity Act 2005 to contain 'safeguards'. Certain administrative and judicial 'safeguards' are now in place to protect mental capacity and who are considered to be suffering from a deprivation of liberty (for example, two specialist individuals carry out an assessment and a family and friend are consulted).

d) How do the changes protect more vulnerable individuals such as HL?



This case resulted in the amendment of the Mental Capacity Act 2005 to contain 'safeguards'. Certain administrative and judicial 'safeguards' are now in place to protect mental capacity and who are considered to be suffering from a deprivation of liberty (for example, two specialist individuals carry out an assessment and family and friends are consulted).

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Activity 15

Guidance document	What is it?	How is it used?
<p>The DH Support Decision Tool</p> 	<p>Screening tool to assess whether individuals are eligible for NHS continuing healthcare. If an individual is eligible, staff will use the Decision Support Tool to carry out a full assessment of their needs. If they fulfil the full 12 care domains, they are then eligible for continuing healthcare.</p>	<p>This provides a clear understanding of the areas of need that will be different for the level and type of care. For example, a person may have also had a catheter removed a long time ago, leaving him with no control over his bladder prior to the catheterisation.</p>
<p>Five-step Framework</p>	<p>This framework helps with the formation, design and implementation of projects. A) recognise the decision or issue, B) make a prediction about which decision is most likely to give a good outcome, C) decide on a course of action, D) test the decision, E) evaluation.</p>	<p>Provides staff with a clear understanding of the objectives and aims of the project. Provides a clear understanding of the objectives and aims of the project.</p>
<p>NICE and NHS Guidance on Care Pathways</p> 	<p>Introduced many 'comprehensive care plans called 'care pathways'. Here, individual care plans are drawn up for each service user which reflect local staffing requirements.</p>	<p>Designed to help staff understand the aspects of the care plan when and where it is used. Integrates a clear understanding of the care plan to help implement it.</p>
<p>Clinical Commissioning Groups (CCGs)</p>	<p>This organisation provides guidelines on how to manage conflicts of interest.</p>	<p>Through the use of the guidelines, staff are able to show how they manage conflicts of interest in a transparent way.</p>
<p>HSE Guidance on Risk Assessment</p>	<p>The HSE provide guidelines on how to manage hazards and risks within the workplace. They provide templates for risk assessments. They also provide training. All accidents should be reported to this organisation.</p>	<p>Provides training on how to manage risk assessments and how to report accidents.</p>

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Activity 16

1. Outline and explain the ethical dilemma that has arisen in this situation.

The ethical dilemma is whether or not Dwane and Debbie have the ability to make responsible decisions regarding their relationship. If they are left alone, will they have a more intimate relationship, where they may engage in protected/unprotected sex? Do they understand the consequences of having an intimate relationship, such as pregnancy? Do they act in a manner which avoids pregnancy?

2. Suggest and analyse an ethical solution to the problem that allows Debbie to engage in a mature relationship while allowing them to have a mature relationship.

Virtual ethics – if the designated person / mother believe they are mature enough to engage in a mature adult relationship, then they should be allowed to do so. Consequentialism – the consequences, however, of allowing them to be alone is pregnancy, where Debbie may have to go through a termination. This may conflict with Deontology – Dwane's and Debbie's carers have a 'duty of care' towards them, whether they are responsible or (cognitively) able enough to have a mature relationship. If there is any doubt about their capacity to engage in a mature relationship, then they should not be allowed from being alone. If they feel that one person is mature enough but the other is not, they must prevent them from being alone together.

Mental Capacity Act. This means that they ARE deemed as being 'able' to make decisions. This means that the centre should have discussed this situation with both of them. The centre and the service provider should have attempted to gauge their level of 'capacity' to engage in a mature and intimate relationship. If they are deemed as having the ability to engage in an intimate relationship, then they should be allowed to be alone. However, steps should be taken to ensure they are able to 'access' resources that support them in this process (anti-discrimination).

If they are not deemed as having capacity, then they should be prevented from being alone. If, for any reason, however, they still engage in a sexual relationship, then a responsible person should report to the Court of Protection under the Mental Capacity Act to become their/his/her legal guardian. It should be taken to forcibly keep them apart, if it is within their 'best interests'. It is unlikely that Debbie's mother would approve such a decision, as she believes her daughter is mature enough to make her own decisions. Dwane's mother, however, may support such a decision.

In order to help Dwane and Debbie's carers and relatives deal with this situation, a protocol should have been followed.

- Firstly, the issue or decision needs to be identified – should Dwane and Debbie be allowed to be alone have been identified.
- Next, think about the consequences of the decision – if they are prevented from being alone, will they make a complaint? What do Debbie and Dwane think/feel about this situation? What have been considered.
- Once the consequences have been thought through – decide upon a course of action. Do they have information (are Debbie and Dwane 'capable'?). Are they subject to guardianship under the Mental Capacity Act? Again, this does not appear to have been carried out.
- Test that decision – what are the long-term consequences of keeping Dwane and Debbie apart? What are the long-term consequences of allowing them to be alone? What are the consequences of not allowing them to be alone? This does not appear to have been considered.
- Proceed and evaluate – can the decision be justified? Was the decision fair? Was the decision in the best interests of the individuals involved? This does not appear to have been the case. Was there recorded evidence of the decision making process? The centre does not appear to have evaluated the decision.

As a result of this analysis, it appears that the centre did not follow protocol when making this decision. They did not discuss the situation with Dwane, Debbie and their parents. They made no attempt to gauge their level of 'capacity' to engage in a mature relationship. Moreover, they did not provide coherent 'guidance' when making this decision.

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3. Evaluate whether the centre is promoting anti-discriminatory practice and overcome the ethical issue arising from Debbie and Dwane's relationship.

It does NOT appear that the centre has used anti-discriminatory practices. He has access to resources that may have enabled Dwane and Debbie to engage in a sexual relationship. Moreover, they have NOT facilitated access to resources that may have enabled a sexual relationship (if they are deemed responsible).

It appears that the centre CANNOT justify the strategies used. This is because there is no and social care guidance documentation (five step framework).

As such, Debbie's mother's complaint should be upheld where an investigation is established to establish how the decision was arrived at. As such, it is possible that the centre is in breach of the overtur



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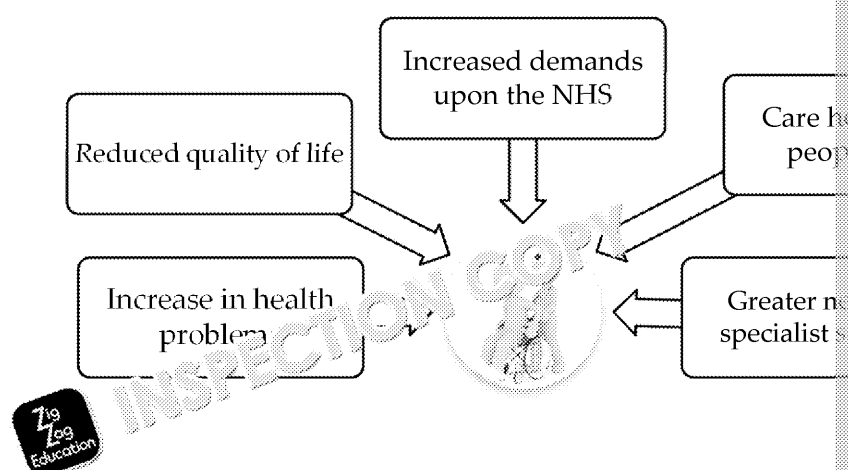
Section C: Investigate the principles behind enabling and support needs to overcome challenges

Activity 1

Task 1

1. Awareness and knowledge – older people may not have up-to-date knowledge.
2. Practical challenges – older people are perhaps not as mobile, so may find it difficult to do chores.
3. Skills challenges – as people age, their cognitive and physical abilities decline, so they may not be able to complete the skills/tasks that they once did.
4. Acceptance and attitude challenges – as we age, we tend to get 'stuck in our ways' and are often the most heterogeneous due to differing lifestyle preferences.
5. Motivational challenges – older people often lack energy, which, therefore, may affect their ability to complete tasks.
6. Communication challenges – tiredness and illness such as stroke and dementia may affect their ability to communicate with others.

Task 2:



Activity 3

Method	How does it identify challenges?
Observation	By observing individuals and groups, a carer is quick to identify any problems the service user is experiencing. Here, the signs of abuse.
Focus group	'Focus groups' allow people to come together as a group (a group of people) to discuss certain topics and issues. There is a discussion and the group has to discuss and debate. This allows them to arrive at conclusions.
Talking informally	Talking informally and 'off the record' allows individuals to express what they may not do in a formal setting. For example, parents that something is bothering them during the time of the scary doctor!
Using questionnaires	Surveys and questionnaires are often a useful way of gathering information. It is often anonymous, so people may be willing to divulge information. It is designed to tease out and gather specific bits of information to show a large amount of data to show patterns.

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Activity 4

- a) Computer-aided advice systems
- b) Patient-mediated strategies
- c) information materials
- d) Opinion leaders
- e) Training courses
- f) Clinical audits

Activity 5

Policy	Description	How can it be implemented?
NHS Patient Experience Framework	Built around 23 elements of care, it uses these elements as a framework for measuring and improving the quality of the patient's experience.	The NHS is required by the Health and Social Care Act 2010) to improve patient experience, reduce harassment and promote equal relationships.
Health Action Plans	These are plans that are drawn up to examine how best to improve the health service. Planning ahead is key to understanding the challenges that will arise in the future.	Aim to minimise future pressures. Pressures include dementia care.
Adult Social Care Outcomes Frameworks	Ensures that the most vulnerable in society receive high-quality care, regardless of where they live. The framework covers improving quality of life, positive experience of care and safeguarding adults.	Provides year on year local authority framework.
Common Assessment Framework	Framework is common to all children's services. Plays a central role in delivering integrated services that focus on the needs of children and young people, service users from different backgrounds and repeating their story to different organisations.	If a service provides care for a child, they should use the assessment framework. CAF need to be used to meet the needs of children and young people, early intervention and communication to increase safety.

Activity 6

1. Identify and discuss Martha's challenges.

Martha had numerous challenges. Firstly, she was suffering with mild heart failure, which affected someone's ability to carry out everyday tasks, as they can tire easily. In addition, she was experiencing bereavement, which has made her feel lonely and depressed. Due to her depression, she was on her medication for heart failure. In addition, unknown to her doctor, she was not eating properly and she was not really eating properly.

2. What were the methods used to identify her challenges?

The GP talked to her informally and he conducted a questionnaire, which allowed him to understand the situation better. The residential home also carried out a National Eligibility Checklist, which identified her inability to maintain her personal hygiene and feed herself.

3. What strategies did the GP and the psychiatric nurse use in order to help Martha?

Firstly, put together a coordinated Personalised Care Plan which coordinated the multi-agency team. He then issued Martha with a questionnaire to assess her level of depression and loneliness. He then referred her for creative and therapeutic activities at the residential care home. The psychiatric nurse enrolled Martha on a computer program to help Martha understand and manage her depression better.

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Activity 7

Managing their own... (Outcome)	Why is it used as a measure of service user's
Nutrition	If a person can no longer adequately provide for themselves, this may be an indication that they need a higher level of support.
Personal hygiene	If a person is struggling with their own personal hygiene, this may be an indication that they need a higher level of support. For example, an elderly person may require help and support to not only bathe but also to dress.
Movement in and out of the home	If a person requires help to move about their home, they may require a higher level of support outside of the home, they require a higher level of support.
Caring responsibilities, such as for a child	Often people who need support themselves also have caring responsibilities. As such, higher levels of support are required.
Relationship with family and friends	At times, individuals may be separated from their family support. This means that they require a higher level of support. Conversely, they may have a dysfunctional relationship which requires a higher level of support to manage a safeguarding issue.
Dress	If a person is struggling to dress him or herself, this may be an indication that they require a higher level of support.
Access and engagement in work, training, education or volunteering	If a person is struggling to access work, training or education, this may be an indication that they require a higher level of support.
Safe use of facilities in local community	If an individual is unable to use facilities within the community, this may be an indication that they require a higher level of support. For example, if a person cannot access the park, due to a disability or illness. If they cannot access local facilities, this shows they require a higher level of support.
Personal needs	If an individual is struggling to go to the toilet, this may be an indication that they require a higher level of support.

Activity 8

Yes, Martha did meet the criteria. This is because she failed to meet two or more of her own nutritional requirements, managing her own personal hygiene requirements.

Activity 9

Task 1

The Health Foundation argues that personalised care plans are not being implemented. The involvement of too many people / service providers prevent a truly personalised approach. The involvement of the service user themselves is minimal.

Task 2

- Oxford and Aberdeen universities joined out the Cochrane review to examine patient involvement in planning. The findings indicated that when patients were involved in planning, better outcomes were achieved. For example, blood glucose and blood pressure control improved, and self-confidence improved.
- Visit the GP first, who will decide on a course of action and which service provider to refer to. If a service user has diabetes, the doctor may decide that they will benefit from a dietitian. The dietitian may then refer the service user to 'assisted living' services with lifestyle changes and options.

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Activity 10

1. Outline of what type of plan was implemented for Martha.

A care plan and a behavioural plan were implemented for Martha. This is because she needs support in order to improve her physical health. In addition, however, she needs support with her behaviour. Here, she needs support in managing her depression which makes her behaviour worse.

2. How was a personalised plan achieved for Martha?

The GP was the first to notice that the visits to the GP or may not be for purely physical health, such, he felt that she might need more support to cope with her bereavement. Then, the manager of the residential care home observed that Martha might need additional support. The manager then approached Martha to ask if she could be interviewed. She spoke to Martha privately and asked her to complete a questionnaire. Here, she identified her needs. The GP referred Martha for therapy with the mental health team. The residential care home 'advocate' also spent some time with Martha and listened to Martha's worries, concerns, opinions and views.

C.M4 Assess the strategies and communication techniques used to overcome difficulties for individuals with different care and support needs.

Activity 11

1. Allows **service users** to better **express** their wishes and needs.
2. Allows service **providers** to gain a better **understanding** of service user care needs.

Activity 12

1. Behavioural Approach	
What?	Examines only behaviour and how to modify it.
Strengths	Measures and modifying/changing behaviours. Works with clients to understand.
Weaknesses	Does not look at thoughts/feelings so limited. Deals with symptoms of behaviour, so can't change feelings.

2. Cognitive Approach	
What?	Likens thoughts and feelings to a computer that receives 'input' and produces 'output'.
Strengths	Easy to understand. Takes note of service users' thoughts and feelings. Good at tackling unwanted thoughts.
Weaknesses	Service user has to have good communication skills in order to be able to think. Only one problem can be worked on at one time. Does not deal with 'unconscious' problems.

3. Psychological Approach	
What?	Examines childhood, past experiences and what a person says or does.
Strengths	Provides service users with insight as to why they think and feel the way they do for a wide range of problems.
Weaknesses	Very complicated. Very time-consuming. Therapy often lasts years. Relies on therapist's interpretation.

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4. Social Approach

What?	Looks at the individual within their social setting (family/friends/communities).
Strengths	Uses real-life situations. Gives a person insights into how their social situation is affecting their health / quality of life.
Weaknesses	A person's social situation may be of limited use. Service users may be suffering from complex difficulties, such as past child abuse (this may have caused them to have poor relationships).

5. Humanist Approach

What?	This takes a more person-centred approach in that every 'client' as an individual.
Strengths	Develops trust between the therapist and a service user. Encourages 'empowerment' so the user can make their own decisions to change their situations.
Weaknesses	Ignores mental health problems and behaviours. Only used in short term, so may not be able to deal with long-term complicated terms.

Activity 13

Task 1:

It is common to feel low or sad at certain times in our lives. However, clinical depression is when a person suffers with both physical and psychological symptoms. Clinical depression is characterised by a consistently low mood that lasts for more than two weeks. Often the person will feel most depressed at certain times of the day (reactive depression), or they may feel low all of the time (endogenous depression). They will lose interest in activities they used to find enjoyable. A person with depression will also feel fatigued and feelings of worthlessness, anger or guilt. They may also find it difficult to concentrate, and they may find it difficult to sleep or sleep too much and they may slow down to the point that their activities are difficult. They may have recurrent feelings of death or suicide. In addition, they may lose weight.

Task 2:

Martha may benefit from both a pharmacological (medical) and psychological approach. A doctor may prescribe anti depressive medication such as Prozac. These can take up to two months to work. She may benefit from Cognitive Behavioural Therapy. Here, she will see a therapist at least once a week for several months, in order to help her to change the way she views her world. Here, they will try to challenge the thinking that keeps her in her depressed state.



Activity 14

1. Makaton	This is a method of communication that uses signs and symbols. It also uses actions. It uses picture cards and facial expressions to make a word more identifiable. It is mainly used for those who have learning difficulties.
2. British Sign Language	This is a language in its own right which uses visual signs instead of spoken words. Signs are made up of shapes, positions and movements of the hands to help people to understand these shapes, etc. as words.
3. Braille	This is used by people who have issues with their vision. It is a system of raised dots that can be felt with the fingers. These bumps form words, which allow the person to read. Each Braille character is made up of six dot positions arranged in a 2x3 grid. A blind person then runs their fingers over these raised dots to read what the dots represent.
4. Communication Board	Pictures can be used and arranged in a pattern to allow those who have difficulty with or use language to communicate. For example, people with autism can use boards to express their feelings. They can also be used with people who have a brain injury.

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Activity 16

Communication technique	Provide an example of how it is used to help service users overcome challenges	Advantages of this technique for HSC
Charles Berner 	It is important to understand the step-by-step process of communication. This is so a care worker can allow service users to express their ideas by following his advice the carer can fully explore the service user's ideas, views, concerns and wishes.	He introduced the idea of 'communication' theories. His step-by-step theory presents a coherent and easy-to-follow guide in how to engage in effective communication skills.
Michael Argyle	His work shows how non-verbal communication can affect people's behaviour and feelings. Care workers should always ensure that their body language mirrors their verbal language. For example, a care worker should always hold a service user's gaze to show they care.	His research showed how non-verbal signals could be more important than verbal communication to convey individuals' feelings and attitudes.
Bruce Tuckman 	It is important to understand this theory as it has an impact on how groups of service users may interact with one another. For example, if a new centre has opened it is wise to understand that there may be conflict at the beginning but this will settle down.	His research showed how groups need to go through a series of different processes or stages before they can reach their full potential and work effectively. This can be applied to groups/teams of carers who work together.

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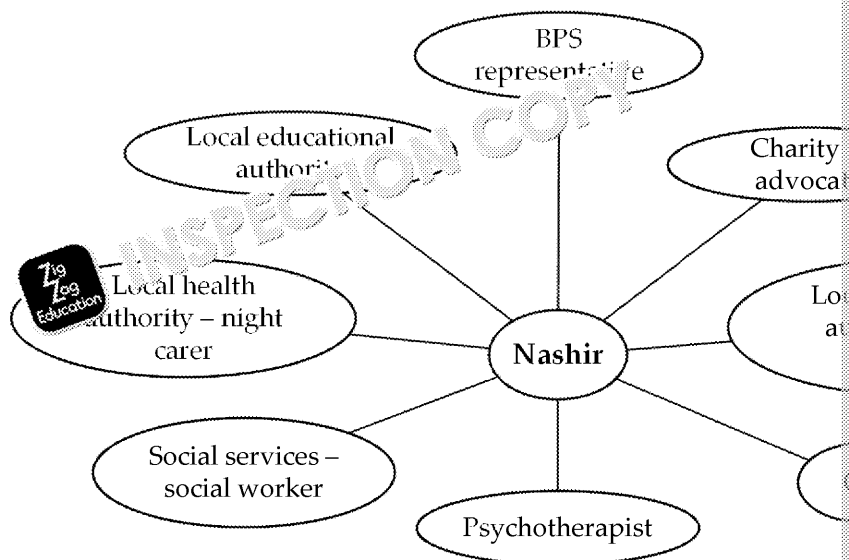


Section D – Investigate the roles of professionals and how to provide the care and support necessary to meet individual needs

Activity 1

Organisation Name	Role	Who belongs to these organisations?
CCGs	Clinical NHS body that organises local primary care services in a particular area.	GP practices, practice nurses
Local Health Boards – Wales	Promotes public health and helps to plan and deliver primary healthcare services in a local area.	Representatives at executive level. GPs and other health professionals.
Health and Social Care Board – Northern Ireland	Organises healthcare services but also seeks to manage finite resources within the NHS.	Representatives at executive level and also people from public relations and finance

Activity 2



Activity 3

Multi-agency		Multidisciplinary
British Psychological Society	→	Regulation
Local Educational Authority	→	Liaison
Social Services	→	Social work
Local NHS Authority/Trust	→	General practitioner

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Activity 4

1. B)
2. D)
3. C)
4. A)

Activity 5

Occupation	Role	
Occupational Therapist	Occupational therapists generally treat injured, ill or disabled patients. This can include traumatic injuries (car accidents) or the care of children or adults with inherited emotional or physical problems. The therapy is often carried out while getting the individual to perform everyday tasks, such as walking on a treadmill. As such, they help patients develop, recover and improve the skills needed for daily living and working.	They will provide service user support for disabilities leading to difficulties. They can help to help people and can recommend equipment.
Special Educational Needs Teacher	The special education needs teacher is there to support children that have been diagnosed with a learning difficulty. They normally work in a school (however, they may work in other organisations). Here, they may help with diagnostic testing or they may help to draw up an individual learning plan that outlines what support should be available for that student.	Their responsibilities include carrying out assessments and dyspraxia educational support. SENCO will clearly outline supported to-one support equipment help student.

Activity 6

	Multidisciplinary Teams	
Pros	When multidisciplinary team members work effectively together, the service user receives a better standard of care. For example, if multidisciplinary team members regularly meet, they are able to share vital information about the service user. This means, therefore, that all members of the team will understand the needs and requirements of the service user. For example, as the GP and the psychotherapist regularly meet to discuss Nashir's progress, the psychotherapist can inform the doctor of any changes in Nashir's mood. The doctor may then decide that he wants to meet with Nashir, in order to make any necessary change to his medication.	When agencies work together it means that the service user receives a better standard of care. In Nashir's case, social workers, the GP, the psychotherapist and the headmaster worked together to meet Nashir's needs. As a result, the psychotherapist (headmaster) has authority (headmaster) to reduce his hours.
Cons	The problem of multidisciplinary team members working closely together is that time and resources may become stretched. For example, the doctor may feel that he does not have enough time in the day to consult with the psychotherapist. In Nashir's case, this is because he feels that the psychotherapist is a trained professional and is able to make important decisions without consulting others. In addition, regular team meetings may not always be necessary. This is because there may not be any additional information that needs sharing.	At times, different agencies may not work. This is because they may have very different policies that conflict with each other. A standard policy that may be used to work very closely together may often be used to work very closely together that GPs and health professionals are often opposing confidential information. Nashir's GP decided to provide services the fact that confidential information could be shared with services as it may be able to provide additional support.

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Activity 7

The promotion of equality and independence	Overcome challenges	Balance
<p>Dr Rasheed was able to recognise that he needed to work with other agencies in order to provide equality of opportunity for the Azghatti family.</p> <p>Here, the GP contacted social services to arrange for social services as a support. In addition, he referred Nashir's son for a mental capacity assessment to ascertain if Adon was able to make his own decisions.</p>	<p>Dr Rasheed worked with the surgery's psychotherapist (agency – local NHS authority) where they met regularly to discuss Nashir's case. From these meetings, the GP was able to ascertain whether Nashir's anxiety was improving. This means that the GP can then make a decision regarding whether to reduce Nashir's SSRI medication alongside receiving appropriate counselling support. This will enable Nashir to better overcome the challenges he faces.</p> <p>If the GP hadn't had regular multidisciplinary meetings, he wouldn't have found out this information and Nashir may have remained on a dose that is not high/low enough for him.</p>	<p>There was a case where the work team was able to provide information between the GP and the social services. In order to get the right information for the care of Nashir, the GP and the social services worked together to get the right information for the care of Nashir. The GP and the social services worked together to get the right information for the care of Nashir. The GP and the social services worked together to get the right information for the care of Nashir.</p>
<p>Based upon the evidence above, state how successful multi-agency and multidisciplinary working was in meeting Nashir's care needs.</p>		
<p>In conclusion, multi-agency and multidisciplinary working can greatly benefit the service. If the GP and the social services work together, they are able to provide a continuity of care that benefits the service. Nashir was able to receive support from the psychotherapy service (which improved his anxiety) and the social services (which provided night care) who were able to support him. This reduced the load for Nashir. In addition, the multidisciplinary team (GP and social services) provided much greater level of support than the GP supporting Nashir alone. For example, if the GP had not met with the psychotherapist, he would not have been aware of Nashir's improvement.</p>		

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Activity 8

1. State why Dr Rasheed needed to update his skills.	Dr Rasheed needed to update his skills in order to maintain his license to practice medicine in the UK.
2. State which laws Dr Rasheed had to be familiar with in order to update the surgery's confidentiality policy. Briefly discuss these laws and how they relate to confidentiality.	He needed to be familiar with the Data Protection Act 1998, the Human Rights Act 1998, and the Care Act 2014. The surgery's confidentiality policy. Under the policy, personal information can be shared if it is in the public interest, which it is being shared and shared only with those who need it. The Human Rights Act (1998) states that everyone has the right to a private and family life. Under this act, information and the reasoning behind it should be shared. Justifications made why information was shared. It describes how the 'Common law duty of confidentiality' is important but the right to a private and family life. Here, relevant information should only be shared at the right time to 'safeguard' individual service users.
3. State which codes of conduct and which principles Dr Rasheed has to make himself familiar with in order to update the surgery's confidentiality policy. Briefly discuss these codes of conduct and how they relate to confidentiality.	'A guide to Confidentiality in Health and Social Care' within the medical profession. The code includes confidentiality rules including: a) information should be shared confidentially and with respect, b) information should ensure the safety and health of the service user, c) information shared should be 'anonymised', d) the service user should be aware of sharing their information, e) organisational policies in place to ensure that confidentiality is maintained. The Caldicott Principles state that: a) sharing information must be fully justified, b) only use personal information unless necessary, c) only share the minimum necessary, d) access to personally identifiable information should be on a 'need to know' basis, e) everyone who has access to personal information should understand their responsibilities, f) they must be aware of the laws, and, lastly, they have a duty of care to maintain confidentiality.
4. How did these amendments to the surgery's confidentiality policy affect Nashir?	As Nashir's health was deteriorating, Dr Rasheed discussed his case with the surgery's psychologist. He felt it was necessary to include: his son's diagnosis, Nashir's anxiety and how they were affected. Dr Rasheed repeated this information to the Hammersmith Social Services team. In this way, he got the support he needed. As always, however, the information remained confidential as the surgery uses an 'Electronic Confidentiality System'. In addition, any paper information was stored securely.

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Activity 9

1. Identifying why information is needed	2. Identifying what information is needed	3. Searching for the information
<p>Dr Rasheed correctly identified that Nashir had been taking medication for over five years as it clearly stated this in his electronic and paper records.</p> <p>He felt that he needed to respond to Nashir's concerns that his anxiety had not improved, based upon the information he was given. He also felt that he needed to refer Nashir to secondary services (psychotherapist, etc.) in order to help improve his anxiety. As such, Dr Rasheed needed to gain more information from Nashir and questioned him appropriately to identify the most salient points.</p>	<p>Dr Rasheed felt that as Nashir had been taking medication for a long time, he needed to clarify this with Nashir to find out why this was the case. He asked him about his life and his anxiety.</p> <p>In order to do this, he needed to ascertain how long he had been taking the medication. This is why keeping records is so important. After his consultation with Nashir, Dr Rasheed was careful to record all of the information from this meeting in Nashir's electronic and paper records.</p>	<p>Dr Rasheed was clear in gaining Nashir's permission to share this information. Nashir agreed with this decision to share his information. Dr Rasheed was then able to refer Nashir's case to the relevant people who can support him.</p> <p>Other members of the multidisciplinary team, however, are not allowed to simply 'search' for information in Nashir's case notes. This is because only relevant information is shared, so that the service users can be correctly supported.</p>

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Activity 10

Code of Practice / Legislation.	What guidance does it provide for sharing information?	Who can information be shared with?
Data Protection Act 1998	Any personal information can be shared if it is necessary for the purpose for which it is being shared. It should only be shared with those who have a need for it.	'Vital interest' means that information is shared to prevent serious harm or life-threatening situations.
Human Rights Act 1998	Under this act, a decision to share information and the reasoning behind it should be recorded and justifications made why information was shared.	Public authorities are not allowed to share personal information unless the person giving the information gives consent.
The Care Act 2014	This act describes how the 'common law duty of confidentiality' states that confidentiality is important but the right to confidentiality is not absolute.	This law does not prevent the sharing of information within organisations for safeguarding concern, information can be shared where it can, therefore, be shared.
A Guide to Confidentiality in Social Care	Information must be treated confidentially and with respect.	Information should only be shared where the safety and health of the service user requires it. Any information that is shared should be 'anonymised'.
The Caldicott Principles	The sharing of information about a service user MUST be fully justified, and personally identifiable information should only be used where necessary.	Access to personally identifiable information should be on a need-to-know basis only.
The Freedom of Information Act 2000	Here, the public are allowed to access public information held by public authorities in the UK.	This act does not allow people to have access to their personal records. Rather they must make a request under the Data Protection Act 1998.
Mental Health Act 2003	The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.	If there is a safeguarding concern, information can be shared where it can, therefore, be justified.

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Code of Practice / Legislation.	What guidance does it provide for managing information?	Who can information be shared with?
Mental Capacity Act 2005	Professionals are required to access information held on an individual. However, information can only be shared where relevant and with only with those 'who need to know'	Because the person lacks capacity, information can be shared with anyone who is deemed relevant to the individual's case. However, consent must be gained from the representative of the person (who lacks capacity).
Care Quality Commission (CQC) codes of practice	Provide comprehensive documentation and policies regarding information is shared and disclosed.	If the organisation has concerns over safeguarding issues, information can be shared where relevant.
The Health and Care Professions Council (HCPC) codes of practice	This organisation outlines acceptable codes of conduct and ethical guidelines for professionals to follow.	Information can only be shared with professionals on a need-to-know basis.

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Activity 11

Professional	Dr Rasheed	Jo Murray
How did the agencies and the members of a multidisciplinary team help support Nashir?	<p>Dr Rasheed ensured that he worked with the local education authority, family and social services to support Nashir. After gaining Nashir's consent, he requested that social services assess both Nashir and his son. He also requested support from a night carer to support the family and his son.</p> <p>The GP also contacted the local education authority (with Nashir's consent) in order to monitor Nashir's progress. In addition, he also worked as part of a multidisciplinary team within his own surgery in order to support Nashir. Here, he worked with the psychotherapist in order to monitor Nashir's mental health with the aim of reducing his reliance upon medication.</p>	<p>The psychotherapist worked with a multidisciplinary team in order to support Nashir. She made contact with other agencies and the psychotherapist made contact with the local authority (the representative) in order to outline the effect of the decision to offer leave. However, it was not possible to have the decision to offer leave. However, it was not possible to have the decision to offer leave.</p> <p>She ensured that she had the necessary information before disclosing any information that is pertinent to the case.</p>
Which working practices did the GP use to meet Nashir's individual needs?	<p>The GP ensured that the multidisciplinary team (psychotherapist and himself) should attend regular meetings to support Nashir's progress. They will also have regular email contact.</p> <p>In addition, he ensured that the other multidisciplinary team (social worker and himself) should also attend regular meetings to support Nashir's progress. They will also have regular email contact.</p>	<p>The psychotherapist worked with the GP to support Nashir's progress. She also engaged in regular meetings to support his progress.</p>
How should/did they maintain confidentiality in Nashir's case?	<p>The GP ensured that he gained full consent from Nashir before contacting other agencies or professionals.</p> <p>The GP ensured that Nashir was aware of the information that Nashir disclosed would be recorded in his notes.</p> <p>He also ensured that he disclosed only what was relevant to the professional on a 'need-to-know basis'.</p>	<p>Jo made sure that she had the necessary information before sharing any information regarding Nashir's case.</p> <p>She should ensure that any information that is pertinent to the case is limited.</p>

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Professional	Dr Rasheed	Jo Murray – Psychotherapist
Which importance pieces of legislation did this professional draw on when making decisions in relation to maintaining Nashir's confidentiality?	<p>The Care Act (2014), which describes the 'common law duty of confidentiality' is important in Nashir's case. Dr Rasheed discussed Nashir's consent to discuss his son's case with others because the right to confidentiality is not absolute. Here, relevant information needed to be shared with the right people at the right time to 'safeguard' his and his son's interests.</p>	<p>Psychotherapists are bound by a code of ethics. This relies on the Data Protection Act (1998) which states that personal information should only be shared if it is necessary for the purpose for which it is being shared and shared only with those who have a need for it. However, consent must be obtained from the individual concerned before information can be shared. As such, Nashir needs to provide consent for his information to be shared between the psychotherapist and GP during their meeting. If Nashir does not agree to information being shared, the psychotherapist must not share the information.</p>
What are the confidentiality issues in Nashir's case?	<p>Nashir provided consent for Dr Rasheed to pass on any relevant information to other team members. However, the GP had to only disclose what was necessary. This meant that he had to consider what information was relevant depending upon the role of the professional concerned. For example, it was necessary to inform the social worker that Nashir was taking medication in order to sleep. This is because it is pertinent to his treatment. However, he did not pass on this information to social services, as he considered that it wasn't relevant. In addition, Dr Rasheed was faced with an ethical dilemma because Nashir's mother required support, but was herself not asking for help. Dr Rasheed, therefore, had to ascertain that she did or did not have mental capacity. He decided that she did NOT, so, therefore, he was able to discuss her case with Nashir and pass on relevant information to other services providing care.</p>	<p>The psychotherapist did not have the same ethical dilemma as the GP. This is because Nashir was not involved with his son's case. Rather she was appointed to treat Nashir. Although Nashir can discuss his son as much as he likes with the psychotherapist, she is not free to discuss the therapy sessions, unless instructed to do so by Nashir. Nashir has stated, however, that she can pass on any relevant information she feels is appropriate to the GP.</p>

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