



Scottish Further Education Unit

Skills for Work: Health and Social Care Higher

Care Principles and Practice



Support Material

August 2007

 scotland's colleges

Acknowledgements

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Extract from page 81 *The same as you? A review of services for people with learning disabilities. Scottish Executive*

Extract from page 83 - 84 *Changing Lives: 21st Century Review of Social Work Services* (February 2006)

Extracts relating to key legislation: pages 103 – 112.

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Health and Social Care (Higher) Care Principles and Practice F1C6 12

Introduction

These notes are provided to support teachers and lecturers presenting the Scottish Qualifications Authority Unit F1C6 12, *Health and Social Care: Care Principles and Practice (Higher)*.

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Class Sets

Class sets of this pack may be purchased direct from the printer. Costs are dependent on the size of the pack and the number of copies. Please contact:

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How to Use this Pack

None of the material in this pack is mandatory. Rather, it is intended as a guide and an aid to delivery of the Unit and aims to provide centres with a flexible set of materials and activities which can be selected, adapted and used in whatever way suits individual circumstances. It may also be a useful supplement to tried and tested materials that you have developed yourself. The pack is available on the SFEU website in Word format to enable you to customise it to suit your own needs.

The pack is organised into several sections:


The **Reference Section** provides information on the rationale for, and ethos behind, *Skills for Work* courses; the course rationale and contains the Employability Skills Profile for Health and Social Care (Higher), showing where the specified employability skills and attitudes can be evidenced and assessed throughout the Course and in this unit.

The **Tutor Support Section** contains a suggested approach to teaching the Unit, advice on learning and teaching with under-16s, guidance on unit delivery and advice on integrating the development of employability skills throughout the unit, and guidance for tutors on specific student activities. Finally, this section suggests resources which may be useful for tutors and students.

The **Student Support Section** contains notes and activities designed to aid understanding of the unit content. There is a range of relevant websites that are designed to keep service users, carers and service providers up to date with current Health and Social Care practice while providing an opportunity to promote positive and evidence based practice.

The research element within the unit provides students with an opportunity to become familiar with, and learn how to use, these resources to promote continuous personal and professional development.

You may wish to place the student notes on your own Intranet by downloading this pack from the *Skills for Work* section of the SFEU website www.sfeu.ac.uk.

Activities are identified with the symbol: 

Reference Section

What are Skills for Work Courses all about?

Skills for Work Courses are designed to help candidates to develop:

- skills and knowledge in a broad vocational area
- Core Skills
- an understanding of the workplace
- positive attitudes to learning
- skills and attitudes for employability.

A key feature of these Courses is the emphasis on **experiential learning**. This means learning through practical experience and learning by reflecting on experience.

Learning through practical experience

Teaching/learning programmes should include some or all of the following:

- learning in real or simulated workplace settings
- learning through role play activities in vocational contexts
- carrying out case study work
- planning and carrying out practical tasks and assignments.

Learning through reflecting at all stages of the experience

Teaching/learning programmes should include some or all of the following:

- preparing and planning for the experience
- taking stock throughout the experience - reviewing and adapting as necessary
- reflecting after the activity has been completed - evaluating, self-assessing and identifying learning points.

The *Skills for Work* Courses are also designed to provide candidates with opportunities for developing **Core Skills** and enhancing skills and attitudes for **employability**.

Core Skills

The five Core Skills are:

- Communication
- Numeracy
- Information Technology
- Problem Solving
- Working with Others

Employability

The skills and attitudes for employability, including self-employment, are outlined below:

- **generic skills/attitudes valued by employers**
 - understanding of the workplace and the employee's responsibilities, for example timekeeping, appearance, customer care
 - self-evaluation skills
 - positive attitude to learning
 - flexible approaches to solving problems
 - adaptability and positive attitude to change
 - confidence to set goals, reflect and learn from experience.

- **specific vocational skills/knowledge**

Course Specifications highlight the links to National Occupational Standards in the vocational area and identify progression opportunities

Opportunities for developing these skills and attitudes are highlighted in each of the Course and Unit Specifications. These opportunities include giving young people direct access to workplace experiences or, through partnership arrangements, providing different learning environments and experiences which simulate aspects of the workplace. These experiences might include visits, visiting speakers, role play and other practical activities.

A Curriculum for Excellence (Scottish Executive 2004) identifies aspirations for every young person. These are that they should become:

- successful learners
- confident individuals
- responsible citizens
- effective contributors.

The learning environments, the focus on experiential learning and the opportunities to develop employability and Core Skills in these Courses contribute to meeting these aspirations.

The Course in Health and Social Care (Higher)

Course Rationale

The primary target group for the Higher Health and Social Care Course is candidates who have reached an appropriate point in their secondary education although adult returners may also find it a useful stepping stone to employment or further study.

The Higher Health and Social Care Course is an introductory Course designed to equip candidates with the knowledge and skills relevant to the health and social care sectors. The NHS, local authorities, voluntary and private organisations make up these sectors and provide care to people in a variety of establishments such as nursing homes, residential homes for older people, hospitals and resource centres for people with a learning disability. The demands of both these sectors are increasing and as a result the need for health and social care professionals is also increasing. This Course has been designed to allow candidates to develop the knowledge and both generic and vocational employability skills relevant to these sectors. It has also been designed to help candidates develop an understanding of the nature of health and social care work in order that they can make informed decisions about whether or not they wish to gain employment in these sectors.

The structure of this Course has been designed to cover the essential knowledge and skills needed to go into employment or further study at further/higher education institutions. Candidates will begin by investigating who may need care, what provision is available and the roles and responsibilities of a care worker. This knowledge will give candidates a good introduction to what care work consists of. It is also essential that care workers operate from a sound ethical value base. Therefore, candidates will be investigating the principles underpinning the National Care Standards, to enable them to understand the nature and importance of such a value base if they choose to work with people in need of care. Candidates will also study, from psychology, how people develop through life and how to manage stress. This will help prepare candidates for further training or working with any service user (patient or client receiving care) in any setting. Candidates will also learn about essential procedures in relation to health and safety and carry out a risk assessment which is invaluable experience before working in health and social care establishments. They will also learn about protection issues in relation to aggressive behaviour and service users who have experienced abuse.

The emphasis throughout the Course is on experiential learning through real or simulated work settings. Candidates will, therefore, have the opportunity to learn about and practise essential generic employability skills such as working with others, good timekeeping and a positive attitude to learning. They will also be learning about and practising skills particularly valued by the health and social care sectors such as listening skills, verbal and non-verbal communication skills and planning.

The **general aims** of the Course are to:

- allow candidates to experience vocationally related learning
- provide candidates with a broad introduction to the health and social care sectors
- encourage candidates to foster a good work ethic, including timekeeping and a positive and responsible attitude to work
- provide opportunities to develop a range of Core Skills in a realistic setting
- encourage candidates to take responsibility for their own learning and development
- facilitate progression to further education or employment.

The **specific aims** of the Course are to:

- prepare candidates for work within the health and social care sectors
- help candidates to communicate effectively with a range of service users for example older people in residential care, patients in a hospital, children with a disability or people with dementia in a nursing home
- develop a caring and understanding attitude towards service users
- develop an awareness of health, safety and protection issues in health and social care settings
- develop skills of reflection and evaluating in relation to practice
- promote a positive and responsible attitude to health and social care work
- develop the skills to become a valued team member
- build candidates' confidence as they develop their own knowledge and skills
- develop essential knowledge for working with people in health and social care settings
- give candidates practical experiences in health and social care contexts and allow them to develop skills within these practical contexts.

In this Course it is important that a variety of learning environments are available to allow candidates to learn and develop skills in practical contexts. It will be important that candidates have access to, for example, real or simulated health and social care environments, work placements or visits to health and social care settings and visiting speakers. It is, therefore, important that centres delivering the Course build on existing partnerships between schools, Further Education colleges, employers and other training providers. Partnerships of this nature will allow the Course to be delivered in appropriate learning environments.

The Higher Health and Social Care Course builds on material covered in the Unit *Understanding Care Skills (Intermediate 2)* which is part of the Care (Intermediate 2) Course and builds on material covered in the Unit *Child Development and Health (Intermediate 2)* which is part of the Early Education and Childcare (Intermediate 2) Course. It also complements material covered in the Units, *Psychology for Care* and *Values and Principles in Care* which are part of the Care (Higher) Course. Unlike other Care Courses at this level its purpose is not only to develop knowledge in an experiential way, but also to develop employability skills.

The Course reflects National Occupational Standards for Health and Social Care and so helps prepare candidates to progress to:

- Scottish Vocational Qualifications (SVQs) in Health and Social Care
- further/higher education courses
- training/employment.

Unit Outcomes, PCs and Evidence Requirements

National Unit Specification: statement of standards

Unit: Care Principles and Practice (Higher)

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

Outcome 1

Contribute to a group investigation into the importance of the National Care Standards in health and social care work.

Performance Criteria

- a) Agree roles and responsibilities with the others in the group.
- b) Gather agreed information from a variety of sources about the principles underpinning the National Care Standards.
- c) Gather agreed information from a variety of sources about how the National Care Standards apply these principles.
- d) Gather agreed information from a variety of sources about why it is important for care workers to apply these Standards.
- e) Work co-operatively with others throughout the investigation.

Outcome 2

Participate in a group presentation on the National Care Standards.

Performance Criteria

- a) Agree roles, responsibilities and group goals with members of the group.
- b) Prepare an agreed part of the presentation to meet agreed group goals.
- c) Present the agreed part of the presentation effectively.
- d) Work co-operatively with others throughout the preparation and presentation.

Outcome 3

Explain the care planning process used to meet a service user's needs.

Performance Criteria

- a) Describe the needs people have at different life stages.
- b) Explain a person-centred approach to care planning.
- c) Explain the stages of the care planning process that are used to meet a service user's needs.

Outcome 4

Produce a plan to meet the needs of a specific service user.

Performance Criteria

- a) Analyse the different needs and strengths of a specific service user.
- b) Identify and describe appropriate strategies to meet these needs using a person-centred approach.
- c) Identify and describe the resources needed to meet the needs.

Evidence Requirements for this Unit

Performance evidence and written and/or recorded oral evidence which covers all Outcomes and Performance Criteria is required for this Unit.

Outcome 1 (a – d) and Outcome 2 (a) - Folio

Candidates will work in groups of three to four to investigate the National Care Standards and present their group findings.

Written and/or oral evidence for Outcome 1, Performance Criteria (a–d) and Outcome 2(a) will be gathered by the candidate throughout their group investigation and presentation and compiled in a folio. The folio will contain:

- a list of agreed roles and responsibilities for the group investigation
- the information the candidate has gathered during the group investigation. This information could take the form of: notes the candidate has made from articles, textbooks, Internet research and health and social care journals; notes the candidate has made of interviews with workers while on placements or visits to health and social care provision; notes the candidate has made from talks by visiting speakers or videos. The information will be from at least three different sources and will cover:

- the six principles underpinning the National Care Standards
 - the way in which the National Care Standards apply each of these principles
 - why it is important for care workers to apply these Standards.
- a list of the agreed roles, responsibilities and group goals for the group presentation.

Outcome 1 (e) and Outcome 2 (b–d) – Performance Evidence

Evidence of the candidate's performance will be supported by an assessor checklist The checklist will cover:

- working co-operatively with others throughout the group investigation
- working co-operatively with others for the group presentation
- preparing an agreed part of the group presentation to meet agreed group goals
- presenting an agreed part of the group presentation effectively.

The group presentation can be a written, oral or audio/visual presentation or a combination of these. It could take the form of an information booklet or display, a group talk or a computer presentation. As with the group investigation, candidates will work in groups of three to four. The presentation must cover:

- the six principles underpinning the National Care Standards
- the way in which the National Care Standards apply to each of these principles
- why it is important for care workers to apply these standards

The assessor checklist should clearly indicate which part of the presentation the candidate has prepared and presented.

Outcomes 3 and 4

Written and/or oral evidence is required for these Outcomes. The evidence may be generated in response to a series of structured questions based on scenarios set in health and social care contexts. It will be produced at an appropriate point during the Unit, under supervision, in open-book conditions with candidates having access to notes totalling no more than 200 words. Candidates may be given the scenarios being set in advance of the assessment, but not the questions. The structured questions will allow candidates to generate evidence covering:

- the social, physical, intellectual, cultural and emotional needs people have at two life stages in the life span
- the importance of using a person-centred approach to care planning
- the care planning process including the following stages: assessment, planning, implementing, monitoring and reviewing
- a care plan that identifies two needs and two strengths of a specific service user, describes appropriate strategies to meet those needs and the resources required. Candidates will be given a template for the care plan.

The National Assessment Bank (NAB) pack provided for this Unit illustrates the standard that should be applied. It contains an investigation brief, an assessor checklist, case studies and a suitable template for the care plan. If a centre wishes to design its own assessments for this Unit, they should be of a comparable standard.

NB Centres must refer to the full Unit Specification for detailed information related to this Unit.

Employability Skills Profile

In addition to the specific, vocational skills developed and assessed in this Course, employability skills are addressed as detailed in the table below. For the purposes of the table, the Units are referred to as A, B, C and D as indicated.

Understanding and Supporting People in Health and Social Care Settings	=	A
Care Principles and Practice	=	B
Working in Health and Social Care Settings	=	C
Health, Safety and Protection Issues in Care Settings	=	D

Employability skill/attitude	Evidence
• positive attitude to learning	C
• verbal and non-verbal communication skills	C
• listening skills	C
• good timekeeping	C
• ability to reflect on own abilities	C
• demonstrate reliability by completing tasks	C, B, D
• respect for others	B, C, D
• ability to work on feedback from others	C
• organisational skills	A, B, C
• planning skills	A, B, C
• willingness to carry out instructions	B, C, D
• ability to work with others	B, C
• health and safety awareness	C, D
• understanding roles and responsibilities	B, C, D
• awareness of care values	A, B, C, D

Assessment evidence in all Units:

- A = Case study based on Carl Roger’s theory of self-concept and investigation into stress and stress management.
- B = Group investigation and presentation on the National Care Standards and the production of a care plan.
- C = Investigation of health and social care provision, the production of a CV for a specific job role, participating in an interview for a specific job role and candidate reviews of employability skills.
- D = Closed book test on health and safety responsibilities and protecting service users, case study on managing aggressive behaviour and carrying out a risk assessment in a real or simulated health and social care setting.

Careers Scotland Support

**for School-College Collaboration for Scotland's Colleges
in the Scottish Enterprise area**



In August 2006 Careers Scotland (SE and HIE areas) received funding from the Scottish Executive to support college/school collaboration and encourage and promote vocational educational choices for pupils in schools. Following consultation each area produced a local action plan outlining how they intended taking forward key activities. Careers Scotland's focus is to support the career guidance needs of all S2-5 pupils involved in the opportunities which school/college collaboration brings, supporting them to make vocational educational choices, and with particular consideration for those young people at risk of becoming not engaged in employment education or training.

Skills for Work (SfW) courses are a key aspect of enhanced school/college collaboration and Careers Scotland has an important role in selection and recruitment and pre-entry career guidance, as well as ongoing support and pre-exit career guidance, to ensure the pupils' experience of SfW is capitalised upon in any future career planning. Careers Scotland also supports the career guidance needs of pupils involved in other vocational/pre-vocational programmes where relevant. Career Box delivery is a valuable tool in helping meet the needs of school pupils and lessons reflect options available within colleges; both at school and post school.

Careers Scotland activity takes place at local and national levels. This may involve a combination of any of the following services which can be tailored to local needs:

- awareness raising of Skills for Work courses (and other vocational programmes where relevant) – for pupils, teachers and parents - demonstrating how these educational choices have implications for future career options, and support the achievement of future career goals
- careers guidance support for individuals and groups, before, during and after involvement in SfW courses, resulting in better informed career decisions and effective transitions
- providing support for pupils who have been unsuccessful in attaining a place on a SfW course
- providing transitional skills development for those completing SfW courses
- capacity building through relevant shared CPD events, for Careers Scotland staff, teachers and college lecturers
- capacity building through the development of resources to support pupils, parents or teachers
- delivery of relevant Career Box lessons, where appropriate

- making connections with other existing support for pupils
- participation in local planning and management arrangements
- contributing to local and national discussions on provision and strategic development
- capturing good practice and evaluating effectiveness, using the community of practice site on our website (www.careers-scotland.org.uk) and sharing successes and concerns

In addition there are opportunities for developmental activities which can help to take forward CPD, good practice, resource development and learning opportunities for Skills for Work for young people, teachers, college lecturers, parents, Careers Scotland Advisers and employers.

For further information on Careers Scotland (SE)'s involvement in school/college collaboration in your college, please get in touch with one of our Careers Scotland Regional contacts:

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Tutor Support Section

Introduction

These notes have been prepared to help you deliver and assess the *Care Principles and Practice* unit as part of the *Health and Social Care (Higher)* Course. The materials should be used in conjunction with the National Assessment Bank materials (NAB) and the Unit Specification.

The support materials should guide you through the unit in a logical order. The emphasis throughout the unit is on the application of Values, Principles and Approaches to Health and Social Care practice. Arranging visits, guest speakers, (service users, carers and care providers) practice learning, the use of case studies and role play would enhance the learning experience.

Tutors should note that this is not designed as a complete teaching pack. The student notes are intended to support the teaching and learning process and give guidance as to the level of knowledge and understanding that is expected. They provide students with a starting point from which to develop, reinforce and review their learning.

There are a number of websites including NLN material that could be used to 'blend' with class based study. This is particularly useful for students within Health and Social Care where there is an emphasis on personal and professional development and evidence based practice. Supporting students to become independent learners is essential to this process. Accessing the websites within the class could provide an opportunity to demonstrate these skills in practice.

Once you've planned what you'll do when, you should take time to think about and plan how you'll tailor what is very familiar content to you, to the young learner group that *Skills for Work* is primarily aimed at. S5/S6 pupils in schools may have expectations, previous learning experience, attitudes, and abilities that may be different from the students you routinely teach. The next section, while aimed primarily at working with Under 16s contains some advice which may equally apply to the groups you are working with and is worth bearing in mind when planning your learning and teaching activity.

Learning and Teaching with Under 16s

Scotland's Colleges have made significant progress in meeting the needs of young learners. Our knowledge of the learning process has increased significantly and provides a range of strategies and approaches which gives us a clear steer on how lecturers can add to their skill repertoire. Lecturers can, and do, provide a stable learning environment where young students develop a sense of self-respect, learn from appropriate role models and see an opportunity to progress. There are basic enabling skills for practical application which can further develop the learning process for this group of students. So what are the characteristics of effective learning and teaching which will help to engage young learners?

Ten ways to improve the learning process for under 16s

(This list is not exhaustive!)

1. **Activate prior knowledge and learning** – ascertain what the learner knows already and teach accordingly. Young people do have life experience but it is more limited than adult learners and they may not always be aware of how it will assist them in their current learning.

Tips - Question and answer; Quick Quiz; Quick diagnostic assessment on computer; present key words from the course or unit and see how many they recognise or know something about.

2. **Tune learners into the Big Picture** – the tutor knows the curriculum inside out and why each lesson follows a sequence, however the young learner does not have this information and is re-assured by being given the Big Picture.

Tips – Mind map or concept map; use visuals, for example wall displays of diagrams, photographs, flow charts; explain the learning outcomes in language they will understand; We Are Learning Today (WALT) targets and What I'm Looking For (WILF) targets; give clear and visible success criteria for tasks.

3. **Use Advance Organisers** – these are lists of the key concept words that are part of the course or unit.

Tip – Highlight on any text the concept words that you will be using; make a visible list and put it on display – concept words can be struck off or referred to as they occur (NB this helps with spelling and independent learning as they do not have to keep checking meaning); highlight essential learning and action points.

4. **Vary the teaching approaches.** The two main approaches are instructing and demonstrating, however try to provide opportunities to facilitate learning.

Tips – Ask students what they know now that they did not know before, or what they can do now they could not do before, at appropriate points in the lesson or teaching block; ensure there are problem solving activities that can be done individually or in groups; ask students to demonstrate what they have

learned; use a range of question and answer techniques that allow participation and dialogue, eg. provide hints and cues so that they can arrive at answers themselves.

5. **Preview and review of learning.** This helps to embed previous learning and listening skills and provides another opportunity to elicit learner understanding. Consolidates and reinforces learning.

Tips – At the beginning of each lesson, or session, review previous learning and preview what is coming up; at the end of each lesson or session, review what has taken place and what will be focussed on next time – these can both be done through question and answer, quizzes and mind mapping activities.

6. **Language in the learning environment.** Do not assume that the language which is used in the learning environment is always understood by young learners, some words may be familiar but do not have the same meaning when used vocationally.

Tips - At appropriate points ask students what words mean; explore the various meanings of words to find out if they may have come across this language in another context; by looking at the structure and meaning of words there is an opportunity for dialogue about learning and to build vocabulary.

7. **Giving instructions in the learning environment.** This is one of the most difficult tasks a tutor has to do whatever the curriculum area. With young learners this may have to be repeated several times.

Tips – Ask a student to repeat back what you have asked them to do before beginning a task; ask them to explain the task to one of their peers; use the KISS principle – Keep It Short and Simple so that they can absorb and process the information.

8. **Effective feedback.** Feedback is very important for the learner to assess their progress and to see how and what they can improve. Provide opportunities to engage in dialogue about the learning function of assessment – provide details of the learner’s strengths and development needs either in written or spoken form. With younger learners identifying one or two areas for development is sufficient along with acknowledgement of what has been done well.

Essentially, learners are helped by being given a **specific** explanation of how work can be improved. You can also use summative assessment formatively, ie. as an opportunity to identify strengths, development needs and how to improve.

Tips – Ask students themselves to identify their own strengths and development needs – self evaluation; peer evaluation of work can be successful once they have been taught how to do it; the tutor can produce a piece of work and ask students to assess it anonymously; have a discussion about the success criteria for the task and ensure the students are clear about

them; allow learners to set criteria for success and then measure their achievements against these.

9. **Managing the learning behaviour.** Under 16s are coming into Scotland's Colleges and training establishments from largely structured and routine-driven environments in schools and early feedback from those undertaking *Skills for Work* courses indicates that they very much enjoy the different learning environment that colleges and other training providers offer. Remember though that these are still young learners. They will still expect tutors to provide structure and routine, and will perform best in a calm, orderly learning environment. Young students will respond to firm, fair, and consistent management. Such routines have to be established quickly and constantly reinforced.

Tips - Health and safety is non-negotiable and consequences of non-compliance with the regulations should be made clear and adhered to at all times; set out your expectations from day one and provide a consistent message; have clear beginnings, middles and endings for each session; be a positive role model for your students, ie. be there before they are and manage the learners with respect; always deliver what you promise; build up good relationships and get to know the learners, make the curriculum interesting and stress the relevance of the learning; set up a positive behaviour management system. By following these guidelines you will build up two-way respect, which, while sometimes challenging to achieve, can be very powerful and work to everyone's benefit.

10. **Care and welfare issues.** School/college partnerships mean increasing numbers of young learners in college. Tutors have to be aware of their professional responsibilities and mindful of young people's rights. However tutors have rights too, in terms of feeling safe and secure in working with young people and there are basic steps staff can take to minimise risks. It is essential that colleges ensure that tutors have a working knowledge of the Child Protection policies (local authority and college documentation) and follow procedures and policies diligently. School/College Liaison Officers will be familiar with these documents and can provide support and advice. There are also training sessions on Child Protection available from SFEU (see the following page).

Tips - Avoid one-to-one situations with young students in a closed area; do not do or say anything that could be misinterpreted; if the opportunity arises, do some observation in schools to see and discuss how teachers use the guidelines for their own protection as well as the young person's.

Most young people are a delight to work with and they will positively enjoy the experience of learning in college. However, there will inevitably be some who are disengaged, disaffected and who have not yet had an opportunity to experience success. '*Skills for Work*' is a unique educational initiative that young people can be motivated to buy into – you as the tutor are key to the success of these programmes.

Skills for Work Workshops

To take this 10 point plan forward and to add to it, you can attend one of SFEU's 'Get Skilled Up' half day workshops for tutors delivering *Skills for Work* Courses, when we explore further the learning process and look at a range of specific teaching and learning techniques to use with the under 16 age group. To find out when the next event is visit our website www.sfeu.ac.uk or contact the Learning Process team at SFEU on 01786 892000.

Child Protection Workshops

These are run on a regular basis by staff at SFEU in Stirling and also in colleges. For more information on these workshops please contact members of the Access and Inclusion team at www.sfeu.ac.uk or contact the team at SFEU on 01786 892000.

General Guidance on Unit Delivery

Scheme of Work

This Unit contains four Outcomes.

Outcomes 1 and 2 explore Values and Principles of Health and Social Care as identified in National Care Standards, and their application to practice. The NAB for this component requires students to plan, implement and present a group investigation outlining:

- the six principles underpinning the National Care Standards
- the way in which the National Care Standards apply to each of these principles
- why it is important for care workers to apply these standards.

Outcomes 3 and 4 require students to be able to describe needs of people; explain the stages of a person-centred approach to the care planning process and to apply them to practice.

The emphasis throughout this unit is the application of learning to practice in Health and Social Care. Providing a varied range of teaching and learning opportunities will be required to facilitate this.

The scheme of work is broken down into 'chunks' or learning themes. Centres may wish to devise their own scheme of work to suit local timetabling variations and the range of methods, modes and settings of teaching and learning.

However, to offer some guidance which may be of use to all, the table which follows shows a suggested breakdown of the number of hours to spend on each area as well as timings for the assessments.

Hours	Content	NABS
0 – 4	<p>Outcomes 1 and 2</p> <ul style="list-style-type: none"> • Introduction to the unit and employability skills • Personal Values • Professional Values in Health and Social Care • Qualities of a Health and Social Care worker 	
5 – 8	<p>National Care Standards</p> <p>Context of National Care Standards:</p> <ul style="list-style-type: none"> • The White Paper: Aiming for Excellence • Regulation of Care (Scotland) Act 2001 • Scottish Care Commission • SSSC (Scottish Social Services Council) 	
	<p>Scottish Executive Reports:</p> <ul style="list-style-type: none"> • 21st Century Review of Social Work Services • Changing Lives • Getting it Right for Every Child 	
9 – 11	<p>Codes of Conduct for the Health and Social Care workforce</p> <ul style="list-style-type: none"> • Social Services Worker • Social Service Employer • The Nursing and Midwifery Council Code of Professional Conduct: Standards for conduct, performance and ethics. 	
12 – 17	<ul style="list-style-type: none"> • Principles underpinning National Care Standards • The way in which National Care Standards apply to each of these principles • Why it is important for care workers to apply these standards <p>National Care Standards Group investigation and presentation (formative assessment as preparation for NAB)</p>	<p>Outcomes 1 and 2 Group Presentation</p> <p>Submit folio of work</p>

18 – 22	<p>Person-centred approach to Care Planning</p> <ul style="list-style-type: none"> • Background and context of Person Centred Planning • The Social Work (Scotland) act 1968 • White Paper Caring for People • NHS and Community Care Act 1990 • Children Act (Scotland) 1995 • Carers (Recognition and Services) Act 1995 • Adults with Incapacity (Scotland) Act 2000 • Community Care and Health (Scotland) Act 2002 • Mental Health (Care and Treatment (Scotland) Act 2003) 	
23 – 25	Skills required of a Health and Social Care Worker	
26 – 29	<p>Refresh: Human development from the Unit: Understanding and Supporting People in Health and Social Care</p> <p>Understanding Needs of People</p> <ul style="list-style-type: none"> • Maslow’s Hierarchy of Needs • Bradshaw’s Taxonomy of Needs • Activities of daily living 	
30 – 35	<p>Care Planning Process</p> <ul style="list-style-type: none"> • Assessment of Needs • Care Plan • Implementing the Care Plan • Monitoring the Care Plan • Reviewing the Care Plan 	<p>Outcomes 3 and 4 Closed book Assessment</p>
35 – 37	<p>Re-assessment</p> <p>Review and Evaluation of Learning</p>	

Unit Induction

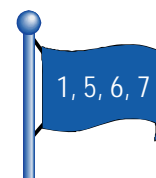
An induction session in week 1 will prepare students well for the unit and help to clarify aims and expectations, what the unit is all about and any uncertainties they may have about the unit and how it will be delivered. Induction may include the following:

- an outline of the Unit content – what they're going to be doing
- how it fits in to the *Health and Social Care (Higher) Course*
- your plans for teaching the Unit – how they'll be learning the skills
- assessment methods and schedule
- where employability fits in – start by asking them what they think!
- you might also think about inviting a representative from a service provider to speak to the class about the types of employment available in their organisation, about employment and educational opportunities prospects in Health and Social Care, and to reinforce the value that employers put on employability skills.
- a section on the importance of values and principles in Health and Social Care followed by an exercise on personal values.
- the importance of regular attendance and good timekeeping to encourage the students to get into good habits – as if they were at work and in employment!

Signposting of Employability Skills

In addition to the specific vocational skills developed in this Unit, students will have opportunities to develop and apply their knowledge and understanding of the employability skills.

Throughout the pack there are numbered flags like the one shown here, showing which specific employability skill can be highlighted and/or assessment evidence recorded when students are busy with the various activities in the Unit.



1	Positive attitude to learning	6	Demonstrate reliability by completing tasks*	11	Willingness to carry out instructions*
2	Verbal and non-verbal communication skills	7	Respect for others*	12	Ability to work with others*
3	Listening skills	8	Ability to work on feedback from others	13	Health and safety awareness
4	Good timekeeping	9	Organisational skills*	14	Understanding roles and responsibilities*
5	Ability to reflect on own abilities	10	Planning skills*	15	Awareness of care values*

* The employability skills marked with an asterisk* are directly assessed in this Unit.


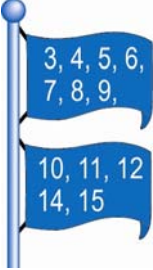
Guidance on Integrating Employability Skills

Opportunities to learn and develop all of these skills are distributed throughout the course.

It is strongly advised that course teams meet together to discuss and agree a co-ordinated approach to the teaching and developing of the employability skills throughout the Course and to ensure that the team has a common interpretation of the skills and attitudes.

Although some of the skills shown above are directly assessed in the unit, there are opportunities for highlighting and developing all of these skills as shown in the following table.

Generating Evidence and Assessment Opportunities for Employability Skills

Employability Skills	Delivery Advice	Possible Activities
	<p>Students research individually and in small groups. Listen to and ask questions of visiting speakers within a range of Activities. This provides an opportunity to demonstrate a positive attitude to learning; verbal and non verbal skills; respect for and an ability to work with others, and an understanding of the roles and responsibilities within care settings.</p>	<p>Activities 1, 2, 3, 5, 13 and 19 relate to values.</p> <p>Activities 7, 9 and 12 (visiting speaker) provide opportunities to develop an understanding of roles and responsibilities and to observe and develop communication and listening skills.</p>
	<p>Students working in groups, in pairs and in role play activities gain a more empathic perspective of care practice.</p> <p>This is further supported by the use of visiting speakers. Activities in Outcomes 1 and 2 provide opportunities to gain an understanding of care values.</p> <p>The group investigation and presentation of National Occupational Standards provides evidence of planning, organisation, communication; reliability to complete task; good timekeeping skills and the ability to work with others while reinforcing values and an understanding of roles and responsibilities in health and social care.</p>	<p>Activities 22, 24 provide group work opportunities using case study and visiting speakers to develop a range of skills.</p> <p>Activities 14 and 11 - group work and presentation skills in relation to NOS and Codes of Practice.</p> <p>Activities 6 and 17 provide opportunities for the students to reflect on their own abilities.</p>

Resources

Recommended Reading

Books



Care Practice for S/NVQ 3, edited by Janet Miller and Susan Gibb; *publisher*: Hodder Arnold, (2nd edition 2007)

People Skills, Neil Thompson; *publisher*: Palgrave Macmillan, (2nd edition 2002)

How to be a great care assistant – edited by Richard Hawkins and Adrian Ashurst; *publisher*: Hawker Publications Ltd (2006)

Health and Social Care (Adults) S/NVQ Level 3. Yvonne Nolan; *publisher*: Heinemann (2005)

Journals

British Journal of Nursing

<http://www.britishjournalofnursing.com/>

Community Care

<http://www.communitycare.co.uk/Articles/List.aspx?NavigationID=1>

Guardian Society – social care

<http://society.guardian.co.uk/socialcare/>

Nursing Standard

<http://www.nursing-standard.co.uk/>

Nursing Times <http://www.nursingtimes.net/>

Research in Practice –

Supporting evidence informed practice with children and families

http://www.rip.org.uk/rpu/rpu_current.asp

Social Care online - journals

<http://www.scie-socialcareonline.org.uk/DisplayJournalTitles.asp>

Online Resources:

Teaching and Learning Resources

NLN Material

<http://www.nln.ac.uk/page.asp?p=FEHE>

Candidates need to register and 'log in' to use the materials.
Log in; go to: 'Health Care, Medicine, Health and Safety'
Then go to: Caring Skills
Then click onto: Care, Social Care, Developing Personal Effectiveness.
This takes you into a menu on the left hand column.

The following resources are useful:

- Effective communication in social care settings (Care 37)
- Non-verbal communication in social care settings (Care 38)
- Introduction to developing relationships with clients in health and social care settings
- Developing personal assertiveness (Care 40)
- Introduction to partnerships in social care settings (Care 42)

Nursing Standard Study Tips

<http://www.nursing-standard.co.uk/students/study.asp>

NHS e-Library

http://www.elib.scot.nhs.uk/elibraryhelp/index.html?authorised_user_definition.htm

Need to be NHS Athens account holder or can access restricted site as a student.

Social Care Online

<http://www.scie-socialcareonline.org.uk>

Care Organisation Websites

Care Commission

<http://www.carecommission.com/>

Commission for Racial Equality

<http://www.cre.gov.uk>

Disability Rights Commission

<http://www.drc-gb.org>

Scottish Institute of Excellence in Social Work Education

<http://www.sieswe.org/>

Scottish Institute of Residential Child Care

<http://www.sircc.strath.ac.uk>

Scottish Social Services Council

<http://www.sssc.uk.com/Homepage.htm>

Social Care Institute of Excellence

<http://www.scie.org.uk/news/mediareleases/2006/040706.asp>

Voluntary Sector Social Services Workforce Unit

<http://www.ccpscotland.org/workforceunit/network/>

Who Cares Scotland

http://www.whocarescotland.org/care_standards.htm

National Care Standards

Scottish Government Health and Community Care: National Care Standards Documents: home page

<http://www.scotland.gov.uk/Topics/Health/care/17652/9328>

[Adoption Agencies \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/05/10153312/33225>

[Adult Placement Services \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0017385.pdf>

[Care At Home \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/05/0594156/42037>

[Care Homes for Children and Young People \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0017382.pdf>

[Care Homes for Older People \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/04/13134911/49225>

[Care Homes for People with Drug and Alcohol Misuse Problems \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/77843/0018180.pdf>

[Care Homes for People with Learning Disabilities \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/77843/0018375.pdf>

[Care Homes for People with Mental Health Problem \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/05/0593931/39408>

[Care Homes for People with Physical and Sensory Impairment \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0018019.pdf>

[Childcare Agencies \(revised March 2006\)](#)

<http://www.scotland.gov.uk/Resource/Doc/97887/0023769.pdf>

[Early Education and Childcare up to the age of 16 \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/04/12103332/33397>

[Foster Care and Family Placement Services \(revised May 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/05/0594056/41037>

[Hospice Care \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0017384.pdf>

[Housing Support Services \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0017384.pdf>

[Independent Hospitals \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/76169/0019247.pdf>

[Independent Specialist Clinics](#)

<http://www.scotland.gov.uk/Resource/Doc/47171/0013515.pdf>

[Nurse Agencies \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/47171/0013515.pdf>

[School Care Accommodation Services \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Resource/Doc/69582/0018020.pdf>

[Services for People in Criminal Justice Supported Accommodation](#)

<http://www.scotland.gov.uk/Resource/Doc/1095/0001724.pdf>

[Short Breaks and Respite Care Services \(revised September 2005\)](#)

<http://www.scotland.gov.uk/Topics/Health/care/17652/9823>

[Support Services \(revised March 2005\)](#)

<http://www.scotland.gov.uk/Publications/2005/05/26104639/46475>

[Dental Services](#)

<http://www.scotland.gov.uk/Resource/Doc/160610/0043670.pdf>

Legislation

Children (Scotland) Act 1995

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

[Disability Rights Commission Act 1999](#)

<http://www.opsi.gov.uk/acts/acts1999/19990017.htm>

Freedom of Information Act

<http://www.opsi.gov.uk/acts/acts2000/20000036.htm>

Human Rights Act

<http://www.opsi.gov.uk/acts/acts1998/19980042.htm>

Adoption and Children (Scotland) Act 2007

<http://www.opsi.gov.uk/legislation/scotland/acts2007/20070004.htm>

Articles, Reports and Reading

Protection of Children (Scotland) Act 2003 Scottish Executive guide for organisations

<http://www.scotland.gov.uk/Resource/Doc/30859/0023655.pdf>

Children (Scotland) Act research findings: A Study of Throughcare and Aftercare Services in Scotland

<http://www.scotland.gov.uk/ /2002/06/14845/5323>

North Lanarkshire Children's services plan re Children (Scotland) act

<http://www.northlan.gov.uk/caring+for+you/children+and+families/childrens+services+plan/the+children+scotland+act+1995+childrens+services+plan.html>

Scottish Parliament Social Work Services June 1999

http://www.scottish.parliament.uk/business/research/pdf_subj_maps/smda-14.pdf

Codes of practice for Disability Discrimination Act

http://www.drc-gb.org/the_law/legislation_codes_regulation/codes_of_practice.aspx

An Intro to the Mental Health (Care And Treatment) (Scotland) Act 2003 SE

<http://www.scotland.gov.uk/Publications/2003/11/18547/29201>

Kilbrandon Report

<http://www.childrens-hearings.co.uk/article.asp?ID=1>

Consultation getting it right..... useful info re children's hearings

<http://www.scotland.gov.uk/consultations/education/chhp-04.asp>

What is the children's hearing system? Nicely presented with case studies

<http://www.scotland.gov.uk/consultations/education/chhp-02.asp>

Principles of the children's hearing system

<http://www.scotland.gov.uk/consultations/education/chhp-03.asp>

Getting it right for every child Scottish Executive draft Bill

<http://www.socialworkscotland.org.uk/resources/pub/GIRFECDraftBill.pdf>

Getting it right..... Scottish Executive Implementation Plan

<http://www.scotland.gov.uk/Publications/2006/06/22092413/1>

National Practice Forum newsletter Feb '07 re GIRFEC

<http://www.nationalpracticeforum.org/docs/newsletters/NPF%20Feb%2007%20Newsletter.pdf>

GIRFEC Highland Pathfinder programme

<http://www.highland.gov.uk/yourcouncil/news/newsreleases/2006/June/2006-06-22-01.htm>

Getting It Right For Every Child – draft children's services (Scotland) Bill Consultation

[http://www.argyll-bute.gov.uk/moderngov/Published/C00000190/M00002784/AI00033840/\\$GIRFECDraftChildrensServicesScotlandBillConsultationamended.docA.ps.pdf](http://www.argyll-bute.gov.uk/moderngov/Published/C00000190/M00002784/AI00033840/$GIRFECDraftChildrensServicesScotlandBillConsultationamended.docA.ps.pdf)

Summary Report of Changing Lives

<http://www.socialworkscotland.org.uk/resources/pub/ChangingLivesSummaryReport.pdf>

Excellent report. 'Treated as People': an overview of mental health services from a social care perspective 2002 – 2004

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsInspectionReports/DH_4077639

Code of Ethics: Nursing & Midwifery Council

<http://www.nmc-uk.org/aFramedisplay.aspx?documentID=201>

Changing Lives '1 year on' newsletter March 2007

<http://www.socialworkscotland.org.uk/resources/pub/Changing%20Lives%20-%20SSSC%20Newsletter%20Pull-out.pdf>

Social Care Institute for Excellence: 'Developing social care: values and principles'

<http://www.scie.org.uk/publications/positionpapers/pp04/values.pdf>

Student Support Section

Tutor Note on Student Activities

This section includes both student notes and activities. These materials are offered to centres as a flexible set of materials and activities which can be selected, altered and used in whatever way suits individual centres and their particular situation. For example, in the case of the student activities you might want to talk through the instructions with the learners and then give the instructions out on paper as reminders.

There are some activities that require students to use Internet sources including NLN material. NLN (**National Learning Network**) materials represent one of the most substantial and wide-ranging collections of e-learning materials in the UK. A range of **online resources** are identified that would help students particularly in the investigation element in Outcomes 1 and 2 where it might be appropriate to allocate class time in a flexible learning environment either as a dedicated IT room or within mainstream college facilities. Ideally it would be useful if you had a classroom with a minimum of 12 computers in it.

The online research and activities will provide students with a more **blended** approach to teaching and learning. School students will be familiar with this approach. For students returning to study, you may need to spend time supporting them in the use of electronic resources.

Guidance on Student Activities

Where appropriate, feedback on activities and possible responses is provided in the Student Support Section. The following guidance may however be helpful for tutors in respect of specific activities.

Activity 4 – Example: Buddhism

Students may consider a range of religions as in this example of a summary of the main features of **Buddhism**. You could use this as an example of an appropriate response.

Buddhism is the term describing a collection of religious traditions based on the teachings of the Buddha, centring on the pursuit of individual enlightenment through practice and meditation. Buddhists do not believe in a god, they believe they are each responsible for their own future, but they take guidance from interpretations of the Buddha's personal path to enlightenment.

Beliefs

Buddhist beliefs are organised around the Four Noble Truths:

- Life means suffering
- Suffering is caused by man's attachments and his constant craving
- This state of suffering can be overcome and Nirvana reached
- The path to Nirvana, dharma, is called the Noble Eightfold Path, sometimes referred to as wisdom, morality, and meditation

Activity 5

Question 1 may raise some issues of values in conflict, perceptions, prejudices and stereotypes.

Question 2: All values could be explored in this case study. Respect for persons, social justice, partnership, citizenship, confidentiality, empowerment, rights and responsibilities, respect for diversity, care and protection etc are all relevant.

Activity 17

The purpose of this activity is to enable students to gain a deeper understanding of reflective practice in health and social care.

The process in each model is fairly similar i.e. identify and openly discuss the situation and your feelings associated with it. Suggest that they choose a situation that is not too difficult or stressful to them. They may find it difficult to understand and acknowledge their feelings; or difficult to understand the perspective of others

involved in their situation. This might highlight assumptions, prejudices or stereotypes. They may enjoy a situation where someone else listens attentively to them. You could use this as an introduction to the use of Supervision in Health and Social Care. It is hoped that students managed to identify a few action points to improve their performance.

Activities 18, 19 and 20

When discussing exclusion, students may identify a range of emotions such as: angry, sad, left out, not important, bad, unhappy, different.

When discussing inclusion, students may identify a range of emotions such as: good, valued, appreciated, listened to, respected, happy, part of something.

The purpose of this activity is to enable students to remind themselves of how it 'felt' to be excluded. The second activity highlights that feelings around exclusion are negative and inclusion are positive.

Being excluded may not be a common experience for students but it should be reminded that it is often a normal experience for the people we support.

These activities provide opportunities for students to explore personal feelings around the theme of exclusion. A short debriefing session at the end of this activity would provide an opportunity to manage any negative feelings that might remain.

Activity 24

Some additional questions:

1. How would you conduct an assessment of needs?
2. Who else might be involved in the care plan process?
3. How would you write a care plan?
4. What does a care plan in your organisations look like and do you have a template to work with?
5. How would you monitor and review the care plan?

Activity 25

Students should use information from the *Assessment of Needs* student resource pack, investigation and visiting speaker to help write a care plan.

Welcome to Care Principles and Practice (Higher)

This unit will give you a sound foundation of the values that underpin health and social care work and the standards workers should be working towards. You will study:

- the [National Care Standards](#)
- the principles underpinning them, and
- why they are important in care work.

You will also learn how to apply the Standards by [learning](#) how to:

- assess a person's needs and strengths,
- produce a plan of care and
- learn how to implement the agreed plan.



Outcomes 1 and 2

Values



Personal Values

Question:

Why is it important to think about personal values?

Answer:

Getting to know our own values, attitudes and beliefs is an important step in understanding ourselves and the effect we have on others.

What is a Value?

The dictionary definition is as follows:

- the worth or desirability of something to oneself
- to hold (someone or something) in high regard
- the moral principles and beliefs of a person or group

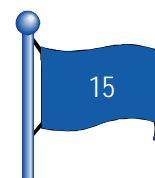
A value is a mission, a belief or a philosophy that is meaningful. Whether we are consciously aware of them or not, every individual has a core set of personal values.

Values can range from the everyday, such as the belief in punctuality and hard work, to the more psychological such as, concern for others, self-reliance, and harmony in life.

Personal Values



Activity 1



Task 1

From the list below identify 10 things that are most important to you as a guide to how you behave and form relationships with others. You can add other values not included in this list.

Achievement	Freedom	Physical challenge
Adventure	Friendliness	Pleasure
Affection (love)	Goodness	Power
All for one and one for all	Harmony	Privacy
Beauty	Having a family	Recognition and respect from others
Change and variety	Helping other people	Religion
Close friendships	Honesty	Reputation
Close relationship with family	Honour	Responsibility
Community	Independence	Results oriented
Competence	Influencing others	Quality of work
Competition	Integrity	Security
Cooperation	Innovative	Self giving
Creativity	Job security	Self respect
Courage	Job enjoyment	Strength
Decisiveness	Meaningful work	Sophistication
Looking after the environment	Merit	Status
Effectiveness	Money	Teamwork
Efficiency	Optimism	Truth
Empathy	Order and stability	Wisdom
Equality	Personal development	Working with others
Excellence	Peace	Work under pressure
Fame	Punctuality	Working alone
Fast living	Progress	Working to the best of my ability

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Task 2

Imagine that you can only have 5 values. Which ones would you give up?
Write the remaining 5 here:

- 1.
- 2.
- 3.
- 4.
- 5.

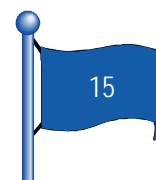
Task 3

Why are they important to you?

Where do Values Come From?



Activity 2



Now that you have identified your personal values, can you think about where they might have come from?

Activity 2 Feedback

You may have considered important influences such as:

- family
- friends
- school
- religion
- work
- community
- [mass media](#) (newspaper; journals; magazines; TV; film; Internet)
- environment
- other cultures

If we think about what is important or valuable to us in life, we might conclude that some places, people or things are more significant to us than others.

Friendship and loyalty to our family and friends may mean more to us than material possessions.

Social Environment

We are of course all part of a wider social environment that includes; family, friends, school, work, leisure, religion and the mass media. Our personal values come from these sources - they are connected to and interlinked with the social environment.

Common Values in Society

Use the list of values below to help you identify some more common values that are found in your own society.

Of course, these values will be expressed in different ways in different societies.

However, the point is that human societies have many common values that are far greater than the different cultures and social and political structures that separate us.

Accomplishment	Diversity	Leadership	Respect for others
Accountability	Duty	Learning	Respect of individual
Accuracy	Education	Legality	Respect for elders
Act on things	Efficiency	Lifestyle living	Responsibility
Adventure	Empowerment	Love and romance	Responsiveness
Athletics / sports	Entertainment	Loyalty	Results oriented
Attitude to authority	Environmental	Meaning	Ritual
Beauty	Equality	Merit	Romance of life
Benefits to all	Equal opportunity	Minority rights	Sacrifice
Calm quietude	Essential services	Money	Safety
Celebrity worship	Excellence	Nation's status in the world	Safety net in society
Challenge	Express grievances	Neighbourliness	Self reliance
Change	Fairness	Nurture children	Self respect – self worth
Charity	Faith	Nutrition	Self giving
Chastity, purity	Family values	Open minded	Self improvement
Civic duty	Fate	Orderliness	Service (to others)
Civil rights	Flexibility	Participation	Simplicity
Cleanliness	Free will	Patriotism	Sincerity
Collaboration	Fitness	Peace	Skill
Collective needs	Flair	Perfection	Solitude
Commitment	Friendliness	Perseverance	Spirituality
Common purpose	Fun	Personal growth	Stability
Compassion	Generosity	Philosophy of life	Status
Competence	Global view	Pleasure	Strength
Competitive	Government power	Popular will	Subtlety
Competitiveness	Hard work	Power	Succeed
Concern for others	Harmony	Practicality	Systems
Conformity	Health and well being	Preservation	Teamwork
Consensus	Helpfulness	Privacy	Time management
Consumer rights	Hero worship	Proper behaviour	Tolerance
Continuity	Heroism	Protection of law	Tradition
Continuous improvement	Honesty Honour	Public access	Truthfulness
Cooperation	Hospitality	Purposefulness	Trust
Courage	Human rights Integration	Pursuit of happiness	Wealth
Courtesy	Innovation	Religion	Well mannered
Democracy	Individuality	Resourcefulness	World unity



Personal Values as a Guide to Our Actions and Behaviour

It's likely that you found similarities between your personal values and those of the wider society.

As we grow and develop within our communities, we usually adopt the values around us. This makes it easier for us to 'fit in' to society.

Attitudes mean:

- disposition or approach
- frame of mind
- mood opinion or outlook

Attitudes are usually defined as an approach or tendency to respond positively or negatively towards a certain thing (idea, object, person, situation).

They are closely related to our opinions and beliefs and are based upon our experiences.

Beliefs mean:

- conviction, assertion
- impression, opinion, judgement, persuasion
- acceptance of a doctrine

Realise how attitudes and beliefs are closely related to, and interact with, each other.

We observe, learn and adopt values, attitudes, beliefs and behaviour from significant people and institutions within our society. As a consequence of this, we gain an understanding of how we are expected to act in any given situation.



Activity 4



Internet Research

Open the **Commission for Racial Equality** website on this link
<http://www.cre.gov.uk/diversity/religion.html>

In groups of 4, choose 2 religions that you are not familiar with and briefly summarise the main features of each.

Religion 1 _____

Religion 2 _____

Activity 4 Feedback – Example

You may have considered some of the following as a summary of the main features of **Buddhism**.

Buddhism is the term describing a collection of religious traditions based on the teachings of the Buddha, centring on the pursuit of individual enlightenment through practice and meditation.

Buddhists do not believe in a god, they believe they are each responsible for their own future, but they take guidance from interpretations of the Buddha's personal path to enlightenment.

Beliefs

Buddhist beliefs are organised around the four 'noble truths':

- Life means suffering
- Suffering is caused by man's attachments and his constant craving
- This state of suffering can be overcome and Nirvana reached
- The path to Nirvana, dharma, is called the 'noble eightfold path', sometimes referred to as wisdom, morality, and meditation

The Process of Socialisation



Human infants are born without any **culture**. They must be transformed by their parents, teachers, and others into cultural and socially adept people.

The general **process of acquiring culture** is referred to as **socialisation**. During socialisation, we learn the language of the culture we are born into as well as the roles we are to play in life. For instance, girls learn how to be daughters, sisters, friends, wives, and mothers. In addition, they learn about the occupational roles that their society has in store for them.

We also learn, and usually adopt, our culture's values and norms through the socialisation process. **Norms** are the conceptions of appropriate and expected behaviour that are held by most members of the society.

Through the wider systems of education and media, we learn about other communities and cultures where different behaviour is desirable. Some examples of this includes:

- religious observance
- dress code
- food preparation and consumption.

Socialisation is important in the process of forming our individual **personality**. While much of human personality is the result of our genes, the **socialisation** process can mould it in particular directions by encouraging specific beliefs and attitudes.

Values in Health and Social Care



Your personal values guide your actions and behaviour. **Professional values** will guide your actions and behaviour in Health and Social Care Practice. Practice is therefore built on, and supported by the **value base**.

Traditional Social Work Values

Thompson in *Understanding Social Work* (2005 – 2nd edition) talks about Traditional Social Work Values developed by Biestek (1961) including:

- **Individualisation** - the need to recognise each individual as unique.
- **Purposeful expression of feelings** - giving [clients](#) the opportunity to express and discuss their feelings.
- **Controlled emotional involvement** - handling feelings is often complex and demanding, requiring the use of a range of skills.
- **Acceptance** - works with the client acknowledging his/her strengths and weaknesses, qualities and feelings.
- **Non-judgemental attitude** - linked to the value of acceptance and the need to adopt a non-judgemental approach.
- **Client self-determination** - helping clients to help themselves, to make their own decisions and take responsibility for their actions.
- **Confidentiality** - clients should be able to speak openly and honestly without the information being made widely available.
- **Respect for persons** (moral principle) - to treat other people the way you feel all people should treat each other.
- **Congruence** - practitioners' willingness and ability to be genuine and open, not playing games or being manipulative.
- **Empathy** - recognising and responding to, the other person, without necessarily having the same feelings and root causes.
- **Unconditional positive regard** - to work positively and constructively with all clients, not just the ones we approve of or feel comfortable with.

Biestek referred to people who use services, as **clients**.

Traditional social work values emphasised the value and dignity of the individual and respect for persons. Thompson (2005) states:

‘social work is traditionally a person-centred undertaking, with a focus on supporting the unique individual dealing with personal and social challenges that arise in the course of their lives.’

Although Biesteks’ ‘traditional values’ are considered dated, they provide a historical framework to compare with the context of current **emancipatory** values.

Emancipatory Values

Emancipation has been defined as: 'setting free from the power of another; for example, from slavery, dependence, or tyranny.'



Development of social work in the 1960's and 1970's and awareness of wider social factors have been supported by developments in the value base emphasising the importance of **power**, **inequality** and **social justice**. The additional values are intended as a supplement to traditional values rather than a replacement.

According to Thompson (2005) **emancipatory values** include:

- **De-individualisation** - this is needed in addition to individualisation so that we can see clients in the wider context e.g. as a member of an oppressed group.
- **Equality** - treating everyone with equal fairness, rather than treating everyone as the same. The willingness to recognise and be prepared to tackle, inequalities in all of class, race/ethnicity, gender, disability, age and sexual orientation.
- **Social justice** - Many of the people requiring support have a higher than average share of poverty, deprivation and social disadvantage. To work alongside such injustice without attempting to address it could be seen as an unethical form of practice.
- **Partnership** - working **with** the people you support rather than doing things **to** or **for** them.
- **Citizenship** - the **status** of being a citizen is having certain rights. Citizenship places emphasis on **rights** and **social inclusion**.
- **Empowerment** - gaining greater control over one's life and circumstances. Empowerment helps to equip people for the challenges of tackling the inequalities and social disadvantages that they face.
- **Authenticity** - each individual has the right to choose but also has the responsibility of choice. Acknowledging the impact of our own choices and actions.

Values can be complex and intricate in their application to real life situations. Consequently **self awareness** and **self reflection** are vital components in promoting positive Health and Social Care practice.



Whilst acknowledging both traditional and emancipatory values and their contributions to practice, Miller (2005) stresses that the principles of good practice are based on two **core values**:

- **Respect for persons**
- **Promotion of social justice**

Review both traditional and emancipatory values and you will see that these can all be encompassed within these two 'core' values.

According to the **Social Care Institute of Excellence**, the following have been regularly cited in stakeholder publications as the **key values** to be pursued in the provision of services:

- **independence**
- **citizenship**
- **empowerment**
- **social inclusion**: multiple and changing factors result in people being excluded from normal exchanges, practices and rights of modern society such as economic, social, political, location and individual factors
- **Respect for diversity**: values individual differences. Respect for diversity recognises that people with different backgrounds, skills, attitudes and experiences bring fresh ideas and perceptions
- **Care and protection for vulnerable people/children and young people and the community.**

Web link: <http://www.scie.org.uk/publications/positionpapers/pp04/values.pdf>

As health and social care professionals, we must strive to **respect** everyone we come into contact with, since this is related to **acceptance** and offering **unconditional positive regard**. It requires working in partnership, demonstrating empathy, non-judgemental attitudes and confidentiality.

Promoting **social justice** similarly encompasses the spirit of both traditional and emancipatory values to ensure client self-determination in order to promote equality, empowerment and citizenship.



Activity 5



In groups of 4, discuss the following case study and answer the questions below.

Case Study:

Melinda, aged 13, is a member of your community based youth work project. You are one of the youth workers. Melinda has told you in confidence that she thinks she might be pregnant but doesn't know who the father might be. She currently lives at home with her parents and is afraid to tell them of her situation. She has two older sisters who are married, have their own children and live outwith the parental home.

Questions to consider:

1. What is your immediate reaction to the case study and why?
2. How might you apply professional values to this case study?

Question 1

Question 2

Attributes of a Care Worker

There are a number of personal qualities and attributes that are essential for care workers to have if they are to be effective helpers. You will be able to add to these as you get more involved in care work.

Acceptance:

recognising that all human beings are unique people worthy of respect. Looking beyond the outward behaviour or disability to the human being in a person. Accepting the person as an individual, no matter what their appearance, beliefs and ability.

Empathy:

being able to enter another person's world and appreciate and understand how they are feeling.

Reliability:

to be dependable, trustworthy and do what you say you will do on time.

Confidentiality:

to ensure that information about [service users](#) is not passed on to other people outside the care setting without consulting them first. Not talking or gossiping about service users with others. The right of service users to have private information about themselves only passed onto others on a need to know basis.

Flexibility:

to be able to adapt to different situations, different people and different ways of working.

Respect for others:

to be aware that all people have personal rights and the need for dignity and privacy, which should be respected at all times.

Patience:

to be able to move at the service user's own pace.

You will find many books and articles that list additional attributes and qualities. For example the following attributes have been identified as vital for practitioners in social care. They are listed in *Care in Practice for Higher*, Chapter One *The Care Context*, and you might find the list useful as a benchmark.

Knowledge

- Awareness of psychological theory
- Understanding of social issues
- Awareness of sociological theory
- Understanding of needs of clients
- Awareness of how organisations work
- Specialised technical knowledge relating to function

Skills

- Good communication skills (verbal and written)
- Ability to be analytical
- Able to use [counselling](#) methods and approaches
- Good at building relationships
- Able to work as part of a team
- Able to work on own without direct support
- Ability to engage meaningfully with people

Values

- Commitment to social justice
- Appreciation of worth of all individuals
- Appreciation of boundaries of confidentiality
- Promotes anti-discriminatory practice
- Supports rights and choices
- Acknowledges differences – understands and supports principles of inclusion

Personal Qualities

- Confidence
- Sensitivity
- Warmth
- Able to project competence
- Enthusiasm
- Imaginative and adaptable
- Dependable and reliable
- Sense of humour!

Access to files



Most information that is held in files can be accessed by the individual concerned. Legislation has been introduced to ensure that people have the right to know what has been recorded about them. There are some exceptions relating to information that could harm another person. The main pieces of legislation covering the management, storage and accessibility of files are:

- **Data Protection Act 1998**

<http://www.mrs.org.uk/standards/downloads/revise/legal/A%20Basic%20Guide%20to%20The%20Data%20Protection%20Act%201998.pdf>

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_4015584

- **Freedom of Information (Scotland) Act 2002**

http://www.direct.gov.uk/en/RightsAndResponsibilities/DG_4003239

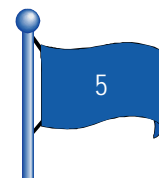
Self Awareness



Awareness of the positive and negative characteristics we possess helps us take responsibility, or ownership, of our actions. Deeper exploration of this helps us become aware of our conscious and unconscious values, attitudes and beliefs.



Activity 6



Self Awareness

1. What do you think your strengths are?

What do you think your weaknesses are?

2. How do your friends describe you?

Do you agree with their descriptions? Why/why not?

3. Describe two situations when you were most at ease.

What was significant about these situations?

4. What type of activities did you enjoy doing when you were younger?

What activities do you now enjoy?

5. What motivates you and why?

6. What are your dreams for the future?

What steps are you taking to achieve your dreams?

7. What do you fear most in your life and why?

8. What stresses you and why?

How do you normally respond to stress?

9. Do you have many friends like this? Why/why not?

10. When you disagree with someone's viewpoint, what do you do?

Why do you react in this way?

Emotional Intelligence



In his book '[Emotional Intelligence](#),' Daniel Goleman describes the five main **domains** of emotional intelligence (as defined by Peter Salovey, a Yale psychologist):

1. Knowing one's emotions ... is fundamental to emotional intelligence. People who know their feelings are better pilots of their lives.
2. Managing emotions ... people who are effective in managing their emotions can cope better with life's adversities and can bounce back faster than those who are poor in managing their feelings.
3. Motivating oneself ... people without emotional intelligence lack self-restraint and would just do whatever their impulses suggest. Emotional self-control, delaying gratification and stifling impulsiveness underlies accomplishment of every sort.
4. Recognizing emotions in others ... emotional self-awareness is the first step to empathic sensitivity. In other words, if we are in touch with our own feelings, then we can empathise with others and sense their needs.
5. Handling relationships ... the art of relating to others includes the skill in managing emotions in others. For example, the ability to calm distressing emotions in others can help resolve many conflicts.

National Care Standards

What are national care standards?



Scottish Ministers have developed and published **national care standards** for a range of care services.

The standards aim to improve the quality of life of people who use services, by raising the level of care and support provided.

They make sure that people receive the same high quality of service, no matter where they live in Scotland.

The standards are written from the user's viewpoint. They are based on a set of principles that highlight how important it is for those providing care services to recognise and accept people as individuals. These principles are:

- **dignity**
- **privacy**
- **choice**
- **safety**
- **realising potential**
- **equality and diversity**

The standards provide guidance and will help service users and **carers** when making decisions. If things go wrong, the standards can also provide a useful reference and help people to raise concerns or make a complaint.

The standards set out let people know what they can expect from care services at all stages through a service.

Service providers will have to comply with the standards and the related legislation. A national regulator, the **Care Commission**, will inspect services to ensure that the standards are being met.

As health and social care workers, we have a responsibility to work in accordance with the relevant **National Care Standards** for the services we provide.

Codes of Conduct underpin these standards to ensure that the rights of individuals who use our services are protected and promoted.

Legislation and the Context of National Care Standards



The White Paper: Aiming for Excellence

Modernising social services in Scotland March 1999

Key Principles

- social inclusion
- promote social justice

Supporting, protecting and enabling the most vulnerable and alienated people in society to lead independent lives is a key objective of the statutory agencies, organisations and individuals involved in the provision of social work services across Scotland.

Regulation of Care Services

Effective regulation and standardisation of care services is essential if people using them, and their families, are to be confident that the services they receive are of high quality and are appropriate to their needs.

Care services include:

- care homes for adults
- residential care for children
- children's early education
- day care and child minding
- adoption and fostering services
- adult placement services
- agencies providing care at home (including care for children)
- nurse agencies
- independent healthcare services
- day care services for adults
- housing support services
- care and welfare in boarding schools and school hostels
- care and welfare in accommodation for offenders.



Regulation of Care (Scotland) Act 2001



The Act has reformed the regulatory system for care services in Scotland.

In summary this Act:

- established a new independent body to regulate care services in Scotland. This is the **Scottish Commission for the Regulation of Care**, more commonly known as 'The **Care Commission**'
<http://www.carecommission.com/>
- established a system of care regulation, encompassing the registration and inspection of care services against a set of **national care standards** and the taking of any enforcement action. These standards are taken into account when the Commission makes any decisions about registering and inspecting services and in considering whether, and at what level, enforcement action should be taken. <http://www.scotland.gov.uk/Topics/Health/care/17652/9328>
- established a new independent body known as the **Scottish Social Services Council** to regulate social service workers and to promote and regulate their education and training. <http://www.sssc.uk.com/Homepage.htm>

Scottish Commission for the Regulation of Care

One of the main drivers for the creation of the Care Commission was the need to improve consistency in the application of National Care Standards and regulations across Scotland.

Purpose: to regulate for the improvement of care in Scotland.

Aim: to raise standards of care by involving people who are cared for, their families and carers and those who provide care.

Principles

- keeping people safe
- promoting dignity and choice
- supporting independence

Vision

- improve people's lives
- be easy to reach and there when needed
- be innovative
- support independence
- offer choice
- be staffed by competent, reliable and trustworthy people



Activity 7



Complete this activity in groups of 4 or 5.

Click onto the Care Commission report:

The Quality of Care Services Report 2007

<http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/The%20quality%20of%20care%20services%20in%20Scotland%20-%20Feb%202007.pdf>

and investigate the following:

1. What services does the Care Commission regulate?

2. Who provides services?

3. Find out who provide services in your area.

4. Care Homes for Children and Young People (page 63 of the report)
 - What does this service provide?
 - Identify strengths of care homes for children and young people
 - Identify areas of development for care homes for children and young people

5. Care Homes for Older People (page 24 of the report)
 - What does this service provide?
 - Identify strengths of care homes for older people
 - Identify areas of development for care homes for older people



Activity 8



You can complete this activity in groups of 4 or 5.

Access the websites below and briefly answer the following questions:

Care Commission <http://www.carecommission.com/>

SSSC <http://www.sssc.uk.com/Homepage.htm>

- a) Explain the **key functions** of the Scottish Commission for the Regulation of Care.

Scottish Commission for the Regulation of Care
Key functions:

b) Explain the **key functions** of the SSSC (Scottish Social Services Council).

SSSC (Scottish Social Services Council)

Key functions:

Regulation of the Care Workforce



The Regulation of Care (Scotland) Act 2001 provided for the regulation of the social services workforce, by establishing the Scottish Social Services Council.

Scottish Social Services Council (SSSC)

What is the Scottish Social Services Council?

The Scottish Social Services Council (SSSC) is responsible for:

- publishing codes of practice and conduct
- registering people who work in social services
- regulating their education and training.

It was set up as part of a drive to raise standards in social services. Their role is to increase the protection of people who use social services, to raise standards of practice and to increase public confidence in the sector.

Responsibilities

The SSSC was established to:

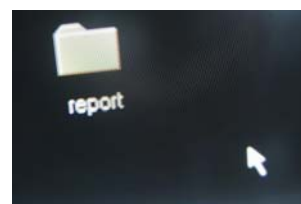
- set up registers of key groups of social service workers
- publish Codes of Practice for all social service workers and their employers
- regulate the training and education of the workforce
- promote education and training
- undertake the functions of the Sector Skills Council: Skills for Care and Development and this includes workforce planning and development.

Scottish Executive Reports

The same as you?

A review of services for people with learning disabilities

<http://www.scotland.gov.uk/ldsr/docs/tsay-00.asp>



The review reflects the Scottish Executive wider policies including social inclusion, equality and fairness, and the opportunity for people to improve themselves through continuous learning. These are just as important and just as relevant to people with learning disabilities as they are to all of us.

The focus of the report is consistent with existing policies on community care. *'Modernising Community Care'* wants better results for people through quicker and better decision-making, greater emphasis on care at home and agencies working more closely together.

People with **learning disabilities** should be able to lead normal lives and should:

- be included, better understood and supported by the communities in which they live
- have information about their needs and the services available, so that they can take part, more fully, in decisions about them
- be at the centre of decision-making and have more control over their care
- have the same opportunities as others to get a job, develop as individuals, spend time with family and friends, enjoy life and get the extra support they need to do this; and
- be able to use local services wherever possible and special services if they need them.

Source:

Ministerial Foreword: *The same as you? A review of services for people with learning disabilities*. Scottish Executive

21st Century Review of Social Work Services

<http://www.scotland.gov.uk/Publications/2005/02/20690/52480>

In June 2004, Scottish Ministers initiated a fundamental review of social work in light of the increasing complexity and demand for services, as well as repeated messages arising from case reviews.

‘What is driving this process is an absolute determination to change lives for the better. We are determined to make sure modern Scotland has social work services of the highest quality. That means a fundamental look. That means we will rule nothing in and nothing out.’

Aims of the Review

The Review's main aims were to make best use of valuable social work resources and to strengthen the contribution of social work to the delivery of integrated services.

Key objectives were to:

- clarify the **role** and purpose of social work
- build a strong improvement framework and robust inspection regime
- make best use of valuable social work resources
- strengthen leadership and management, giving clear direction to the service
- develop a competent confident workforce
- modernise legislation.

Changing Lives: 21st Century Review of Social Work Services (February 2006)

<http://www.socialworkscotland.org.uk/resources/pub/ChangingLivesSummaryReport.pdf>

This report set out the findings from the 21st century review process.

The three main findings of the report are as follows:

1. **Doing more of the same won't work.** Increasing demand, greater complexity and rising expectations mean that the current situation is not sustainable.
2. **Social work services don't have all of the answers.** They need to work closely with other universal providers in all sectors to find new ways to design and deliver services across the public sector.
3. **Social workers' skills are highly valued and increasingly relevant to the changing needs of society.** Yet we are far from making the best use of these skills. We need to refocus on the core values of social work and its mission of enabling all people to develop their full potential.

A new direction for social work services

The recommendations set out in the report represented a new direction for social work services in Scotland which aimed to revitalise social work's core values of:

- respecting the right to self determination
- promoting participation
- taking a whole-person approach
- understanding each individual in the context of family and community; and
- identifying and building on strengths.

The conclusions fall into three main themes which provide a structure for the report:

Building capacity to deliver personalised services

They will make sure that social work services:

1. are designed and delivered around the needs of people who use services, their carers and communities
2. build individual, family and community capacity to meet their own needs
3. play a full and active part in a public sector wide approach to prevention and earlier intervention
4. become an integral part of a whole public-sector approach to supporting vulnerable people and promoting social well-being; and
5. recognise and effectively manage the mixed economy of care in the delivery of services.

Building the capacity of the workforce

6. services develop a new organisational approach to managing risk, which ensures the delivery of safe, effective and innovative practice
7. social workers are enabled and supported to practise accountably and exercise their professional autonomy
8. employers develop a learning culture that commits all individuals and organisations to lifelong learning and development; and
9. services are delivered by effective teams designed to include the appropriate mix of skills and expertise and operating with delegated authority and responsibilities.

Building capacity for sustainable change

10. develop enabling leadership and effective management at all levels and across the system
11. are monitored and [evaluated](#) on the delivery of improved outcomes for people who use services, their carers and communities; and
12. develop the capacity and capability for transformational change by focusing on re-designing services and organisational development.

and finally

13. The Scottish Executive should consolidate in legislation the new direction of social work services in Scotland.

Source:

Changing Lives: 21st Century Review of Social Work Services (February 2006)

Getting it Right for Every Child (GIRFEC):

A Report on the Responses to the Consultation on the Review of The Children's Hearing System (June 2006)

<http://www.socialworkscotland.org.uk/resources/cp-sd/GIRFECResponses.pdf>



Analysis of Consultation Responses

The consultation pack, '*Getting it right for every child*' sought respondents' views on three main areas:

- the **principles** and **objectives** of the Children's Hearings system
- the **outcomes** the system should be seeking to achieve
- other **issues** which need to be considered.

Objectives of the Hearings system

The consultation paper outlined a number of objectives that the Scottish Executive suggested that the Children's Hearings system should be trying to achieve. It suggested that these objectives should describe a system which:

- delivers effective outcomes for children, brothers and sisters, families and communities
- leads to:
 - protected, educated, healthier children
 - changed behaviour, safer communities
 - reduced offending
- quantifies and demonstrates results
- protects children's welfare by addressing their needs and challenging their deeds
- engages with the child and seeks the child's and parents' views
- respects children's rights
- is European Court of Human Rights/United Nations Charter compatible
- involves communities
- enjoys credibility among communities and professionals
- is efficient and as quick as possible
- ensures an integrated approach to service delivery
- operates effectively with other services (e.g. courts and child protection)
- is adequately resourced with clear accountability
- provides as consistent a service as possible across Scotland.

Code of Practice for Social Service Workers



There are 6 key principles within the SSSC Code of Practice for Social Service Workers.

Social service workers must:

1. Protect the rights and promote the interests of service users and carers.
2. Strive to establish and maintain the trust and confidence of service users and carers.
3. Promote the independence of service users while protecting them as far as possible from danger or harm.
4. Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.
5. Uphold public trust and confidence in social services.
6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

Code of Practice for Employers of Social Service Workers



There are 6 key principles within the SSSC Code of Practice for Social Service Employers.

Social Service Employers must:

1. Make sure that people are suitable to enter the workforce and understand their roles and responsibilities.
2. Have written policies and processes in place to enable social service workers to meet the SSSC's Code of Practice for Social Service Workers.
3. Provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge.
4. Put in place and implement written processes and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice
5. Promote the SSSC's Codes of Practice to social service workers, service users and carers and co-operate with the SSSC's proceedings.



Activity 11

This activity can be completed in groups of 4 or 5.



Click onto the website:

<http://www.sssc.uk.com/NR/ronlyres/BE7F4D5C-331E-454F-9CC9-B0C5DB097D28/0/CodesofPracticepictorialversion.pdf>

This website is designed for service users and carers. It is intended to offer a user friendly guide to what service users and carers might expect from a service provider. In other words it interprets the SSSC Codes of Practice to make them accessible to service users.

Prepare a 5 minute presentation explaining the **Codes of Practice**. Imagine your class group is full of people who use services and carers.

You may wish to use flip chart paper; pictures; PowerPoint; handouts, or any other aids to make your presentation interesting and informative.



Nursing Code of Ethics

The **Nursing and Midwifery Council's Code of Professional Conduct: Standards for Conduct, Performance and Ethics** sets out the following standards for registered nurses, midwives and specialist community public health nurses.

In caring for patients and clients, they must:

- respect the patient or client as an individual
- obtain consent before giving any treatment or care
- protect confidential information
- co-operate with others in the team
- maintain their professional knowledge and competence
- be trustworthy
- act to identify and minimise risk to patients and clients.

These are shared values for all the United Kingdom health care regulatory bodies. For more detail, The NMC *code of professional conduct: standards for conduct, performance and [ethics](#)* is available on the Nursing and Midwifery Council's website at www.nmc-uk.org

International code of nursing ethics

Nurses have four fundamental responsibilities:

- to promote health
- to prevent illness
- to restore health
- to alleviate suffering.



Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect.

Nursing care is respectful of, and unrestricted by, considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status.

Source: ICN - International Council of Nurses: Code of Ethics for Nurses 2005

For more detail, The **ICB Code of Ethics for Nurses** is available on the Nursing and Midwifery Council's website at www.icn.ch/icncode.pdf

Professional values, similarly, encompass the shared understanding among workers in a particular field about attitudes and rules which should underpin their behaviour in practice. In the health and social care field, many of these professional values will echo our personal beliefs, for example about respecting human rights and treating people as we should like and expect to be treated ourselves. Miller (2005) states that *'values are ethical principles on which workers base their practice'*.

To be good health and social care professionals, therefore, we must understand, adopt and promote these values in our everyday work.





Activity 12



Visiting Speaker from a Health and Social Care Agency

As a class group, discuss and agree suitable questions you would like to ask the visiting speaker around the theme of the Codes of Practice. Here are a few to start you off:

- Are you, and all staff, aware of the Codes of Practice in Social Services?
- How does your Agency make sure that all staff know and understand the Codes of Practice?
- How do you make sure the people you support know and understand the Codes of Practice?

You may wish to take notes of this session. This may contribute to evidence within your portfolio for Outcomes 1 and 2.

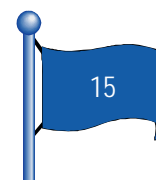
Activity 12 Feedback

Here are some questions you might consider asking if you haven't thought of them already:

- Can you give me some examples of how you and your organisation protect the rights and promote the interests of service users and carers?
- Can you give me some examples of how you and your organisation strive to establish and maintain the trust and confidence of service users and carers?
- Can you give me some examples of how you and your organisation promote the independence of service users while protecting them as far as possible from danger or harm?
- Can you give me some examples of how you and your organisation respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people?
- Can you give me some examples of how you and your organisation uphold public trust and confidence in social services?
- Can you give me some examples of how you and your organisation strive to be accountable for the quality of your work and take responsibility for maintaining and improving knowledge and skills?
- Are the people you support aware of the Codes of Practice?
- How do you make sure that the people you support know and understand the Codes of Practice?



Activity 13



Work in pairs to consider the following five scenarios. Identify how you might promote the **Codes of Practice for Social Service Workers** in these situations.

For each one write some notes to describe how personal and professional Care Values could be used to inform and underpin your practice.

1. **Betty**, aged 83 is rapidly losing her sight. She receives home care support but she's had a few falls recently and is losing her confidence to live alone. Betty values her independence.
2. **Geoffrey**, aged 45, lives in his own flat and has a part time job stacking shelves in a supermarket. He has mental health problems and takes medication to help him cope with daily living. However, he frequently decides that he no longer needs his medication. When this happens, his behaviour becomes chaotic with the possibility that he may harm himself.
3. **Chelsea**, aged 21, attends a resource centre for adults with learning difficulties each day. She is keen to be like her friends and move out of her parent's house into supported accommodation. Her parents don't think she's ready for this and think she might be vulnerable within the community.
4. **Tom** lives with his wife and three teenage sons. He doesn't have any brothers or sisters and is increasingly worried about his parents. His Mum has dementia and is normally cared for by his Dad. However, Dad recently fell down stairs and broke his leg. When he was in hospital, his Mum was placed in residential care. Dad wants his wife to come home and he will continue to look after her. Tom wants Mum to remain in residential care and his Dad to come and live with them.
5. **Samantha**, aged 14 has been 'looked after' for the past 4 years. She currently lives in a small children's unit accommodating 6 young people. Samantha has a long history of physical and emotional abuse. She has very low self esteem, lacks confidence, rarely goes out and has few friends. She attends supported study at school but feels embarrassed by this and would prefer not to attend. Samantha has been missing school lately and says she would prefer a home tutor.

Activity 13 Feedback

1. Betty

Values such as: self determination, inclusion, respect for person, independence and care and protection might underpin practice.

2. Geoffrey

Values such as: self determination, power and control, care and protection, respect for the individual and rights and responsibilities might underpin practice.

3. Chelsea

Values such as: respect for the individual, self determination, social justice, social inclusion, citizenship might underpin practice.

4. Tom

Values such as: respect for the individual, self determination, care and protection might underpin practice.

5. Samantha

Values such as: social justice, inclusion, care and protection, respect for the person, self determination might underpin practice.

Codes of Practice for Social Service Workers – Reminder!

Social service workers must:

1. Protect the rights and promote the interests of service users and carers.
2. Strive to establish and maintain the trust and confidence of service users and carers.
3. Promote the independence of service users while protecting them as far as possible from danger or harm.
4. Respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.
5. Uphold public trust and confidence in social services.
6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.



Activity 14

Group Investigation and Presentation Activity

This activity should be conducted in groups of 4 or 5.

Each group should choose 2 Social Services from the list of 22 Social Services shown e.g. Adoption; Care at Home; Care Homes for People with Learning Difficulties and Housing Support Services.

Where possible, each group should choose 2 different Social Services. This will ensure that the class gain knowledge of a wide range of Social Service Provision.

Read the **National Care Standards** document for each of your chosen services and answer the following questions. **Each group should then make a 5 minute presentation of their findings to the class group.**

- a) Briefly explain the role and function of each of your chosen services.
- b) Identify the principles behind the National Care Standards for each of the four services.
- c) Identify the National Care Standards within the four service agencies.
- d) Identify key themes similar to each service.

The following web links provide you with the **National Care Standards** for each of the 22 service areas.

1. [Adoption Agencies \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0011828.pdf>
2. [Adult Placement Services \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0017385.pdf>
3. [Care At Home \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0013253.pdf>
4. [Care Homes For Children and Young People \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0017382.pdf>
5. [Care Homes for Older People \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/37432/0010384.pdf>
6. [Care Homes for People with Drug and Alcohol Misuse Problems \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/77843/0018180.pdf>
7. [Care Homes for People with Learning Disabilities \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/77843/0018375.pdf>
8. [Care Homes for People with Mental Health Problem \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0013251.pdf>
9. [Care Homes for People with Physical and Sensory Impairment \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0018019.pdf>
10. [Childcare Agencies \(revised March 2006\)](#)
<http://www.scotland.gov.uk/Resource/Doc/97887/0023769.pdf>
11. [Early Education and Childcare up to the age of 16 \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/37432/0010250.pdf>

12. [Foster Care and Family Placement Services \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0013249.pdf>
13. [Hospice Care \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0017384.pdf>
14. [Housing Support Services \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0013248.pdf>
15. [Independent Hospitals \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/76169/0019247.pdf>
16. [Independent Specialist Clinics](#)
<http://www.scotland.gov.uk/Resource/Doc/47171/0013515.pdf>
17. [Nurse Agencies \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0017386.pdf>
18. [School Care Accommodation Services \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0018020.pdf>
19. [Services for People in Criminal Justice Supported Accommodation](#)
<http://www.scotland.gov.uk/Resource/Doc/1095/0001724.pdf>
20. [Short Breaks and Respite Care Services \(revised September 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/69582/0017383.pdf>
21. [Support Services \(revised March 2005\)](#)
<http://www.scotland.gov.uk/Resource/Doc/924/0012197.pdf>
22. [Dental Services](#)
<http://www.scotland.gov.uk/Resource/Doc/160610/0043670.pdf>

Outcomes 3 and 4

Person-centred Approach to the Care Planning Process

The general principles of Assessment and Care Planning should enable people to live as normal a life as possible in their own home or in a homely environment in the local community. It should:

- Provide the right amount of care and support to help people achieve maximum possible independence and by acquiring or re-acquiring basic living skills help them to achieve their full potential.
- Give people a greater say in how they live their lives and the services they need to help them do so.
- Promote partnership between users, carers and service providers in all sectors.
- Ensure that the resources available are used in the most effective way to meet individual care needs.

The Context of Care Planning

There are a range of factors that support a **person-centred approach** to care planning.

- legislation and organisational policies
- family, carers and others
- communication and interpersonal skills
- skills of reflection
- promotion of good practice
- promotion of a learning culture
- community networking
- values and principles of care practice
- values of inclusion
- knowledge about human development and human needs
- knowledge of the local and wider community
- positive attitude and approach to person-centred care planning
- willingness to think creatively
- support and supervision within your organisation
- willingness and openness to work with other agencies

Stages of the Care Planning Process

There are 5 stages to this process:

- Assessment of Needs
- Care Plan
- Implement the Care Plan
- Monitor the Care Plan
- Review the Care Plan

Key Legislation



Care planning is enshrined within the Scottish legislative framework.

This includes:

- The Social Work (Scotland) Act 1968
- The NHS and Community Care Act 1990
- The Children's (Scotland) Act 1995
- Carers (Recognition and Services) Act 1995
- Adults with Incapacity (Scotland) Act 2000
- Community Care and Health (Scotland) Act 2002
- Mental Health (Care and Treatment (Scotland) Act) 2003

The Social Work (Scotland) Act 1968



The **Social Work (Scotland) Act 1968** places an overarching duty on local authorities to '*promote social welfare*'.

This duty still underpins social work services in Scotland today.

It places responsibilities on local authorities for:

- childcare
- child protection
- supporting families
- providing services for older people
- providing services for people with physical disabilities
- providing services for people with mental health problems
- providing services for people with learning difficulties and offenders.

It also made provision for the establishment of the **Children's Hearing** system in 1971.

Initially the Social Work (Scotland) Act 1968 required local authorities to provide formal social work services and laid out the general rights, responsibilities and duties of these departments in relation to providing services to people in need.

The NHS and Community Care Act 1990



Another core piece of legislation is the **NHS and Community Care Act 1990**, fully implemented from 1 April 1993, which saw a shift in the balance of care from hospitals and institutions to community based settings.

This Act shaped health and social care services as we know them today. The main purpose of the Act was to move away from traditional, expensive and outdated institutional health and care services, and develop more flexible methods of delivering cost-effective support services within local communities.

This Act paved the way for health, care and other professionals, for example housing and education colleagues, to work together to provide support services to vulnerable people, within their own communities.

This Act states that it is the duty of the local authority to assess needs and, having regard to the results of that assessment, then decide whether the needs of that person calls for the provision of any services.

People are eligible for a **Community Care Assessment** if they or the person they care for has:

- a physical disability
- a disabling illness
- a terminal illness
- a sensory impairment
- a learning disability
- mental health problems including: dementia, drug or alcohol problems, HIV or AIDS

http://www.opsi.gov.uk/ACTS/acts1990/Ukpga_19900019_en_1.htm

The Children's (Scotland) Act 1995

This Act places responsibilities on local authorities to protect and promote children's welfare and to prepare children's services plans.



In 1991 the United Kingdom committed itself to ensuring that law, practice and policy reflected the rights enshrined in the United Nations **Convention on the Rights of the Child**.

The Convention emphasised a child's right to:

- be protected from ill treatment and harm
- participate in decisions affecting them
- have provision of service to meet their needs.

The Children (Scotland) Act 1995 reflects these **principles** and emphasises the following:

- each child has the right to be treated as an individual
- each child can form his or her views on matters which affect them and has the right to express his or her views
- where possible the child should be allowed to live in the family home
- parents should normally be responsible for the welfare and upbringing of the child
- every child has the right to be protected from abuse, exploitation and neglect



Along with these principles there are also three main **rules**:

1. The welfare of the child is paramount when courts or children's hearings are considering their needs.
2. The child's views should always be considered where major decisions are being made about their future.
3. No court should make an order and no children's hearing should make a supervision order, unless they consider this to be in the best interest of the child.

This Act also introduced new provisions for children in need, the residential care of children, children with disabilities and difficulties, adoption, children's hearing and issues of child protection.

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

Carers (Recognition and Services) Act 1995



From 1 April 1996 carers of people being assessed under the **NHS and Community Care Act 1990** had a right to an assessment of their ability to provide care.

The assessment is intended to cover both the carer's perception of the situation, relationship with the user, tasks undertaken, and need for help, and a focus on the carer themselves, which may include health, social contacts, other responsibilities, and their own strengths and ways of coping.

The Act also provides for assessment of prospective carers, in cases for instance where a user is about to require care after discharge from hospital.

Assessment will relate to ability to care and to continue to care, but will not automatically assume a willingness to continue, or to continue at the same level.

The Act includes provision for carers who may be children or young people under the age of 18. It explicitly excludes the scope for assessment for carer volunteers who provide care as part of their work for a voluntary organisation (or as paid employment). The Act applies throughout the United Kingdom.

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950012_en_1.htm



Adults with Incapacity (Scotland) Act 2000



The **Adults with Incapacity (Scotland) Act 2000** introduced a statutory framework for the medical treatment of incapacitated adults (aged 16 or over) in Scotland. For the purposes of the Act, '**incapable**' means incapable of any of the following:

- acting
- making decisions
- communicating decisions
- understanding decisions
- retaining the memory of decisions

It acts alongside the common law power to provide treatment in emergencies to people who are unable to give consent.

The Act introduces new forms of proxy (a person authorised to act for another) decision making, and clarifies the legal basis upon which doctors make decisions about the medical treatment of incapacitated adults.

The Act also makes provision for safeguarding the welfare of incapacitated adults, and managing their property and financial affairs.

General principles

Any intervention in the affairs of an incapacitated adult must:

- benefit the adult
- take account of the adult's wishes, so far as these can be ascertained
- take account of relevant others, so far as it is reasonable and practical to do so
- restrict the adult's freedom as little as possible while still achieving the desired benefit

[Adults with Incapacity \(Scotland\) Act 2000](#)

<http://www.opsi.gov.uk/legislation/scotland/acts2000/20000004.htm>

Community Care and Health (Scotland) Act 2002

This Act amended a number of pre-existing acts in respect of care. Its purpose is to enable improvements to people's care by creating more equitable care charging, offering improved choice to service users and their families, and encouraging greater joint working for the more seamless delivery of care.



In summary, the Act:

- enables implementation of free nursing care (in care homes which provide nursing)
- enables implementation of free personal and other care
- enables regulation of charging for non-residential social care
- enables both residents and third parties to make additional payments towards care home fees so that the resident can enter more expensive accommodation than that which the local authority would normally pay for
- enables provision of care home places in other parts of the UK
- enables deferred payment agreements to be entered into so that residents may defer payment of all or part of their care home fees due to the local authority so that they do not need to sell their home in their lifetime
- provides for expansion of access to direct payments for non-residential service users, giving people the ability to purchase their own services
- provides for an extended right to assessment for informal carers, including young carers, and arrangements to ensure that carers are made aware of this right
- enables the contribution of carers and their views, as well as the views of the cared for person, to be taken into account by local authorities before deciding on the services to be provided to the cared-for person
- enables expansion of joint resourcing and management of services relevant to health and community care between NHS Scotland and local authorities
- enables Ministers to require joint working where they feel services are failing.

The key changes for carers made by the 2002 Act are summarised as follows:

- substantial and regular adult carers are entitled to an assessment of their ability to care ('carer's assessment'), independent of any assessment of the person they care for
- for the first time, young carers under 16 have the same rights to assessment
- local authorities are to ensure carers are made aware of this right
- local authorities are required to take account of the contribution of carers, and the views of the person in need and their carer, before deciding on services to provide to a cared-for person

- Scottish Executive Ministers now have power to require NHS Boards to draw up carer information strategies for informing carers of their rights under the new legislation.

<http://www.opsi.gov.uk/legislation/scotland/acts2002/20020005.htm>

Mental Health (Care and Treatment (Scotland) Act 2003)



This Act covers a wide range of issues which can be arranged under four headings:

- **principles, roles and responsibilities:** are about the nature, duties and powers of the organisations and individuals involved in mental health law
- **compulsory powers:** are about the circumstances in which a person with a mental disorder may receive treatment and/or be detained on a compulsory basis, and the procedures which have to be followed
- **people with a mental disorder within the criminal justice system:** is about how a person with a mental disorder may be dealt with by the criminal justice system, and how they are subsequently cared for
- **rights and safeguards:** are about the additional rights the Act gives to a person with a mental disorder, and the safeguards the Act puts in place.

Principles, roles and responsibilities

The Act sets out some principles which most people performing functions under the Act have to consider. These include the:

- present and past wishes and feelings of the patient
- views of the patient's named person, carer, guardian or welfare attorney
- importance of the patient participating as fully as possible
- importance of providing the maximum benefit to the patient
- importance of providing appropriate services to the patient; and
- needs and circumstances of the patient's carer.

The Act also sets out principles relating to the **way** people have to perform their functions. Under the Act they have to do this in a way which, for example:

- involves the minimum restriction on the freedom of the patient that appears to be necessary in the circumstances;
- encourages equal opportunities; and
- if the patient is a child, best secures their welfare.

Other sections of the Act place further duties on those discharging functions under the Act:

- a duty to have regard to the Code of Practice on the Act, published by the Scottish Ministers. (This duty does not apply to the Commission, the Tribunal, or any court.)
- a duty to lessen any harm to child-parent relations, where relevant; and
- a duty to provide the Scottish Ministers with relevant information, such as for research, subject to a number of safeguards.

Roles and responsibilities

The new Act defines the nature, powers and duties of a number of organisations and individuals involved in mental health law:

- it makes provision for two organisations: the Mental Welfare Commission for Scotland, and the Mental Health Tribunal for Scotland
- it places some specific duties on Health Boards and Local Authorities in relation to people with mental disorders (in addition to their more general duties), and gives them some corresponding powers
- it places certain duties on hospital managers in relation to a person who is subject to compulsory measures
- it places certain duties on and grants certain powers to the Scottish Ministers
- it creates and defines a number of special professional roles: approved medical practitioners, designated medical practitioners; and Mental Health Officers; and
- it provides for a Code of Practice on the Act.

Skills of a Health and Social Care Worker

In order to support people throughout the care planning process it is essential that staff have knowledge and understanding of the qualities and skills required of a care worker.

Each care worker is an individual with their own strengths and weaknesses and unique personality. There is no one right way of interacting with service users to become an effective helper. Quality care work is about developing self awareness, using one's attributes to good effect and working on areas of weakness.



Developing interpersonal skills for care work

Care work is all about **interacting** with other **people** such as:

- other members of the care team
- other professionals out-with the immediate team
- and especially service users and their significant others.

Every **care worker** is a unique human being with their own style of communication and interpersonal skills.

Every **service user** is also a unique human being with their own communication style.

Care workers and service users have to learn to understand each other and communicate effectively before useful work can be undertaken. People who are hoping to become care workers need to develop a good understanding of communication skills. In this way they can become more effective as care workers. It is helpful to consider our strengths and weaknesses in communicating. Looking at the skills we already have, and how they can be developed, will help all **interpersonal relationships** including those with service users.

There are a number of skills that help us develop more effective interpersonal relationships including:

- active listening
- effective communication by using appropriate language, initiating conversations and knowing the appropriate time to speak, knowing when to keep quiet and use silence
- working as part of a team
- showing empathy
- knowing how to interpret and use non-verbal communication
- knowing how to ask questions, especially open questions.

Source: *Understanding Care Skills Teacher Resource Pack*, Learning and Teaching Scotland, Dec 1998.

Pages 36 to 55 in the resource pack *Understanding Care Skills*, which is available on Learning Teaching Scotland's NQ Online website, have a range of information and activities on the interpersonal skills listed above.

Pages 54 - 57 in the resource pack *Interpersonal Skills for Care*, which is available on Learning Teaching Scotland's NQ Online website, have a range of activities to demonstrate understanding of the interpersonal skills identified.

<http://www.ltscotland.org.uk/nq/subjects/care.asp>

Group Work in Care Contexts



Much care work involves working in groups. Both workers and service users may be organised into groups. Some of these groups will be informal and others will have a more specific purpose and structure.

Formal group work is being used more and more in care settings as it is a method that can be very effective in terms of the learning experience and therapeutic value that can be gained. The types of groups vary according to their main objectives. Important types include:

Interest and activity groups

Interest and activity groups include outdoor pursuit groups for young people or adults with learning disabilities, reminiscence groups for older adults, hobby groups for adults with physical disabilities etc. They can have a variety of objectives and benefits usually related to supporting and enhancing the all round development of the group members by meeting physical, cognitive, emotional and social needs.

Life skills groups

The main function of life or social skills groups is usually to teach the group members skills that will be useful to them and enable them to live more independently. Groups of young people might be taught skills to help them gain employment and live independently. Groups of adults with learning difficulties might be taught to shop and cook basic meals.

Self-help groups

Self-help groups are often for people who share common problems and experiences. Mutual support and understanding is given which enables group members to cope with their situation more productively. Self-help groups could include women who have been abused by men, parents of drug abusers, parents whose children have died and parents who have children with special needs.

Problem solving groups

Problem solving groups could be led by a care worker to help service users who have a common problem to look at ways of improving the situation. For example a group of service users might work on anger management or improving social interactions.

Motivating Skills

What is motivation?

Motivation is the wants, needs and beliefs that drive an individual - the unique desires or goals that push the individual into action and determine their effort, actions and behaviour. Motivation is a significant factor in helping us achieve our goals.

Motivational factors can be things that:

- make you feel good about yourself
- provide some form of reward
- satisfy some other person whose opinion you value.
- give you a sense of achievement.



Activity 16

You can complete this activity in pairs.

Discuss the following questions:

1. What motivates you to get up early in the morning and go to school/work?
2. Who are the most important people in your life and why?
3. Identify 3 goals that are important to you? For example, this might include goals such as successfully completing this course; achieving good exam results; winning a competition; going to T in the Park; doing a successful job interview.
4. Identify the specific motivational factors that will help you achieve your identified goals.
5. You have identified motivational factors in questions 1 and 4. Which ones work best for you and why?

Activity 16 Feedback

1. You might have included factors such as 'I have to get up or I will get into trouble' or 'I will lose my job'. This is an external motivational factor determined by others. The prospect of getting into trouble or losing your job is not desirable. This then determines or regulates your behaviour and motivates you into getting up early in the morning.
2. You might have included Mum, Dad, friends, girlfriend, boyfriend, friends etc.
3. Goals might have included job, career, family, hobbies and personal development.
4. This might include money, status, respect, power, security, being part of, or identifying with something important to you.
5. You may have examined both external rewards (someone wants you to do it) in Q1 and internal rewards (I want to do it) in Q5 and identified that internal rewards are often more productive. You may also have concluded that learning and development is part of the process of working towards achieving goals.

Motivating Skills in Care Work

An important interpersonal skill in care work is the ability to help **motivate** the people you support. Many service users are well motivated themselves but others may require motivational skills from care workers to help them develop the desire to act and behave in particular ways.



The task of the care worker is to work with the service user to try and find the rewards that will motivate behaviour.

The energy, enthusiasm and commitment from care workers can be a crucial factor to help service users develop motivation. Some service users may have developed **helplessness** where the difficulties they are experiencing result in them feeling helpless to change in any way.

Learning Culture

Health and Social Care Agencies work towards creating a learning environment that enables staff to grow and reach personal goals – in partnership with achieving agency goals. This can:

- help staff to remain focused, goal-oriented and loyal to the organisation
- promote personal and professional values
- support the provision of an educated workforce who will welcome new ideas and encourage reflective thinking and practice
- continuously work to improve service provision
- trust and complement each other
- have common goals that are larger than individual goals
- involve service users as key stakeholders within the process
- support reasonable risk taking and learn from mistakes
- promote equality and diversity of perspectives
- provide opportunities for formal and informal learning
- encourage new ideas and challenge the status quo

Providing a culture for both service users and employees where people feel they are valued, respected and listened to, is an important factor in promoting an environment that supports and develops services.

Reflective Practice



Reflective thinking in Health and Social Care is an essential tool to help you improve and develop your practice.

Models of reflection

Reflection is presented as a cyclical stage process. The following models of reflection all share some variation of three basic stages:

- **experience** (the event and feelings toward it)
- a [critical analysis](#) of the situation and any new knowledge gained
- **development** of and internalisation of new perspectives and strategies to apply in the future.

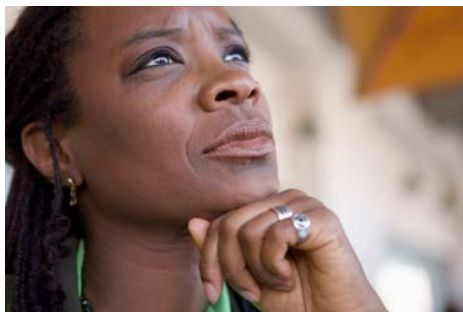
Schön's model of reflective practice

Schön identifies two kinds of reflection:

- reflection-in-action
- reflection-on-action

Reflection-in-action - is reflecting on the hoof, where you reflect on your actions during an event....e.g. this isn't going well; what can I do now to improve things?
This is going well; how can I maintain the momentum?

Reflection-on-action - is retrospective reflection. You reflect on actions that have already occurred, usually, but not always, fairly soon after the event.
Things that didn't go well; what can I do next time to improve things?
That went well; how can I make use of what I have learned?
You recall incidents and mull them over, considering in depth on how you can improve your practice.



Greenaway 3-stage model

The Greenaway model suggests a **cycle** based on 3 simple experiential stages:

- plan
- do
- review

Gibbs' reflective cycle (1988)

- description
- feelings
- evaluation
- analysis
- conclusion
- action plan

Structured reflection based on Kolb's Learning Cycle (1984)

A model based directly on Kolb's **experiential learning cycle** where active experimentation leads to a transfer of learning from the current cycle to a new cycle.

- what happened
- analysis
- making generalisations
- planning future action



Johns' model for structured reflection (1994)

More of a list of key questions to guide an analysis of an incident or general experience.

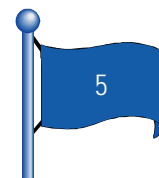
- **Description:** Drawing out of the key issues within an experience through a description of thoughts and feelings and the contextual background of the experience.
- **Reflection:** Examination of one's motivations and the resulting actions, the consequences of actions for all stakeholders (including their possible emotional reactions).
- **Influencing factors:** Determining internal and external factors that influenced decisions and actions. Determining knowledge that did or should have influenced decisions and actions.
- **Alternative strategies:** Evaluation of one's actions and consideration of other possible choices and their respective consequences.
- **Learning:** Situating the experience and feelings within past experience and future practice and in providing support to others and considering the impact the experience will have on reflection-in-action.

Atkins and Murphy's stage model of reflection (1994)

- New situation/experience
- Awareness of feelings and thoughts
- Describe situation – key events / issues / thoughts and feelings
- Analyse feelings / knowledge / challenging assumptions / explore alternatives
- Evaluate relevance and use of knowledge
- Identify learning



Activity 17



Complete this activity in pairs.

Discuss all of the following questions:

1. Examine **one** of the previous models of reflective practice.
2. Think of a situation in your personal, professional or school life where you were not happy with your performance. Allow 5 minutes to discuss each situation.

Each person should take turns discussing their situation while the other listens and responds in a supportive manner

3. Discuss and apply the model to each situation.
4. Evaluate the effectiveness of this model in helping you reflect on your situation and provide strategies to improve performance.

Principles of a Person-Centred Approach to Care Planning



Person-centred care planning is an ongoing and active approach to supporting people. As the words person-centred suggest, the person you are supporting is central to the process. They are in effect the real ‘expert’.

SCIE (Social Care Institute of Excellence) describe it as ‘a process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends.’

Person-centred planning is based on principles of rights, independence, choice and inclusion. It is about helping a person to work out what they want. Person-centred approaches focus on how this is delivered.

Services should fit in with the needs of the individual and make changes accordingly, rather than expecting the individual to fit in with what is already there.

Key features of person-centred planning:

- the person is at the centre.
- family members and friends are full partners.
- reflects a person's capacities, what is important to that person, and specifies the support they require to make a valued contribution to the community.
- builds a shared commitment to action that will uphold a person's rights.
- leads to continual listening, learning and action, and helps a person to get what they want out of life.
- inclusion.

When person-centred planning works, it builds a desirable future for the person and engages the energy, commitment and ingenuity of others to make that future happen.

Levels of Inclusion

personal
 friends
 family
 boyfriend/girlfriend/partner

Associational Inclusion	Civic Inclusion
interest or hobby groups	liberty
neighbourhood	rights
schools	equity
jobs	access

The Values of Inclusion

- all people have a right to live in and be part of the community
- all people have a voice and a right to be heard
- to separate people considered different is not the best way of doing things
- all people have dreams and aspirations
- all people have capabilities and qualities
- all people should have the opportunity to live an ordinary and valued life
- all people should have power and control over what they do now and in the future
- all people need friendships and independent relationships; a natural support network
- the whole community can benefit from embracing diversity
- all means all!

Source: Circles Network

http://www.circlesnetwork.org.uk/values_of_inclusion.htm



Activity 18

Inclusion/exclusion

Complete this exercise in pairs. Answer both of the following questions and briefly feedback your findings to the rest of the class.

Identify all the areas in life where you are included.

Can you identify areas where you are not included?

You may have found it easy to identify a range of areas where you are included but not so easy to identify those where you are not included.



Activity 19



Inclusion/Exclusion

It is not pleasant to feel excluded from a group or activity. This exercise will remind you of how it feels to be excluded.

Complete this activity in pairs.

Step 1

Think on your own for a few minutes about a time in your life where you felt excluded or left out.

Take a few minutes to remember the situation. Try to remember the range of emotions you felt.

Share this information with your partner. Take it in turns to talk about the situation and your feelings.

List the words which describe the feelings you had. Use the chart on the next page to write down your responses.

Step 2

Still in pairs, think about the situation again.

Try to remember if there was anything significant about it. Who else was involved, what else was happening in your life at that time, where did it take place, what age were you, was it noisy or quiet, was it welcoming or threatening?

Once you have remembered these details, share them with your partner.

Step 3

Still in pairs, think about a situation where you felt included, wanted, welcomed or part of the crowd.

Describe the situation. Who else was involved, where did it take place, what was significant about it that made you feel included?

How did it make you feel?



Worksheet: Thinking about Inclusion/Exclusion

Step 1 - Feelings/Emotions about Exclusion

--

Step 2 - Environment – who was there – was it welcoming or threatening?

--

Step 3 - Feelings/Emotions about Inclusion

--



Activity 20



Group discussion

You have examined and discussed how it feels to be excluded in life. Imagine a situation where you experienced exclusion every day.

In what ways might this affect your development and needs?

Use your knowledge and understanding of human development and needs to help with this discussion.

Activity 20 Feedback

The class may have identified some of the following:

- increased feelings of being different
- not belonging
- not respected or accepted for who you are
- not feeling safe or protected
- fear
- stress
- anxiety.

This could adversely affect all stages of development and needs; physical; emotional, social, cognitive and cultural resulting in low self esteem; low expectations of self and less likely to reach ones potential.

Stages of the Care Planning Process

Assessment of Needs

In order to assess needs, health and social care workers need to have knowledge and understanding of the **stages of human development** and **human needs**.

Human Development

You have previously studied human development in the Health and Social Care Unit *Understanding and Supporting People in Health and Social Care Settings*.

For further support material on the stages of human development use the following NLN material:

<http://www.nln.ac.uk/page.asp?p=FEHE>

This will take you to the home page. You will need to register and log in before you can access the material.

Select: 'Health Care, Medicine, Health and Safety\ Caring Skills'

Then: 'Care – Human Development'.

Models of Assessment

There are several different theoretical approaches to understanding human needs. The following can provide an overview.

The classification of needs can be approached in different ways from different theoretical starting points. Contrasting approaches include:

Bradshaw's Taxonomy of Need - essentially a political classification based on who is demanding what.

Maslow's Hierarchy of Needs - a classification of needs in which Maslow proposes that human needs are arranged in a hierarchy of importance.

Activities of Daily Living - a model which examines the everyday activities that people need to carry out.

All needs led assessments should include an assessment of the following areas of **service user need**:

- physical need
- emotional need
- social need
- cognitive need
- cultural need

Other areas of need likely to be assessed include:

- accommodation
- personal needs
- transport and access needs
- financial needs
- education/employment/leisure needs
- assessment and management of risk
- physical and mental health care
- preferred method(s) of communication
- support programmes
- family and social contact.

Bradshaw's Taxonomy of Need (Bradshaw, 1972)

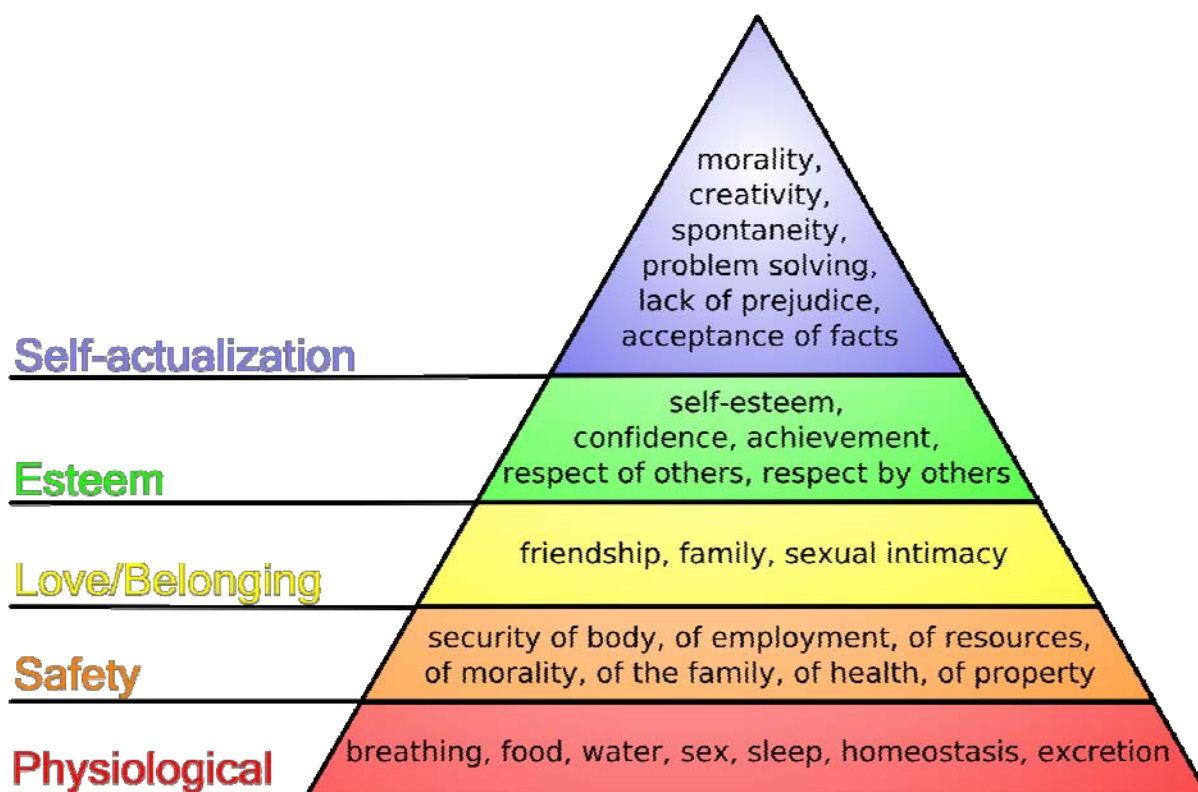
Bradshaw identifies four main categories of need:

- **Normative need** is need which is identified according to a norm (or set standard); such norms are generally set by experts. Benefit levels, for example, or standards of unfitness in houses, have to be determined according to some criterion.
- **Comparative need** concerns problems which emerge by comparison with others who are not in need. One of the most common uses of this approach has been the comparison of social problems in different areas in order to determine which areas are most deprived.
- **Felt need** is need which people feel - that is, need from the perspective of the people who have it.
- **Expressed need** is the need which they say they have. People can feel need which they do not express and they can express needs they do not feel.

Maslow's Hierarchy of Needs

Abraham Maslow presented a paper entitled 'A Theory of Human Motivation' (1943) which he subsequently extended to include his observations of man's innate curiosity.

His theory states that as humans meet 'basic needs', they seek to satisfy successively 'higher needs' that occupy a set hierarchy.



Source: Wikipedia

http://en.wikipedia.org/wiki/Image:Maslow%27s_hierarchy_of_needs.png

The diagram above shows Maslow's hierarchy of needs, represented as a pyramid with the more primitive needs at the bottom.

Maslow's hierarchy of needs is often depicted as a pyramid consisting of five levels: the four lower levels are grouped together as **deficiency needs** associated with physiological needs, while the top level is termed **growth needs** associated with psychological needs.

While deficiency needs must be met, growth needs are the need for personal growth. The basic concept is that the higher needs in this hierarchy only come into focus once all the needs that are lower down in the pyramid are mainly or entirely satisfied.

Once an individual has moved past a level, those needs will no longer be prioritised. However, if a lower set of needs is continually unmet for an extended period of time, the individual will temporarily re-prioritise those needs - dropping down to that level until those lower needs are reasonably satisfied again. Innate growth forces constantly create upward movement in the hierarchy unless basic needs remain unmet indefinitely.

Deficiency Needs

Physiological needs

Physiological needs take precedence. These consist mainly of the need:

- to breathe
- to drink water
- to sleep
- to regulate homeostasis
- to eat
- to dispose of bodily waste
- for sexual activity

If some needs are not fulfilled, a human's physiological needs take the highest priority. Physiological needs can control thoughts and behaviours, and can cause people to feel sickness, pain, and discomfort.

Safety needs

When one stage is fulfilled you naturally move to the next. When physiological needs are met, the need for safety will emerge. Safety include:

- Physical security - safety from violence, delinquency, aggression
- Security of employment
- Security of revenues and resources
- Moral and physiological security
- Family security
- Security of health
- Security of personal property against crime

Love/Belonging/Social needs

After physiological and safety needs are fulfilled, the third layer of human needs is social. This involves emotionally-based relationships in general, such as:

- friendship
- intimacy
- having a supportive and communicative family

Humans generally need to feel belonging and acceptance, whether it comes from a **large social group** (clubs, office culture, religious groups, professional organisations, sports teams etc) or **small social connections** (family members, intimate partners, mentors, close colleagues, confidants).

Humans need to love and be loved by others. In the absence of these elements, many people become susceptible to loneliness, social anxiety, and depression. This need for belonging can often overcome the physiological and security needs, depending on the strength of the peer pressure. e.g. an anorexic ignores the need to eat and the security of health for a feeling of belonging.

Esteem needs

According to Maslow, all humans have a need to be respected, to have self-respect, and to respect others. People need to engage themselves in order to gain recognition and have an activity or activities that give them a sense of contribution and self-value, and to feel accepted, be it in a profession or hobby.

Imbalances at this level can result in low self-esteem, inferiority complexes, or an inflated sense of self-importance. There are two levels to esteem needs. The lower level relates to elements like fame, respect, and glory. The higher level relates to concepts like confidence, competence, and achievement.

Cognitive needs

Maslow believed that humans have the need to increase their intelligence and thereby chase knowledge. Cognitive needs is the expression of the natural human need to learn, explore, discover, create, and perhaps even dissect in order to get a better understanding of the world around us.

Aesthetic needs

Based on Maslow's beliefs, it is stated in the hierarchy that humans need beautiful imagery or something new and aesthetically pleasing in order to continue upwards towards 'self-actualization'. Humans need to refresh themselves in the presence and beauty of nature while carefully absorbing and observing their surroundings to extract the beauty that the world has to offer.

Growth needs: Self-actualization

Self-actualization is the instinctive need of humans to make the most of their abilities and to strive to be the best they can. Self-actualization is reaching one's fullest potential.

Growth needs: Self-transcendence

At the top of the triangle, self-transcendence is also sometimes referred to as spiritual needs. Individuals most likely to have peak experiences are self-actualizing, mature, healthy, and self-fulfilled. According to Maslow, all individuals are capable of peak experiences.

Activities of Daily Living



In this model the starting point for assessing needs is to consider the normal tasks people need to carry out on a daily basis.

These tasks could include:

- personal cleaning
- dressing
- diet
- body functions
- safe and comfortable environment
- mobility
- sleep
- communication
- likes and dislikes
- sexuality
- leisure and work
- cultural and religious needs.



Activity 21

Work in small groups to find out more about 2 models of needs-led assessment. For *each* model obtain, adapt or devise an **observational checklist**. Try out the effectiveness of your checklists.

Task

A. Investigate:

- Maslow's hierarchy of needs
- Activities of daily living or another model used by service providers in your area.

Produce/obtain a checklist for each of the above models.

B. Observe:

Once you have obtained, adapted or devised two checklists (one based on Maslow and one other) identify a service user that you know through a work placement or on a personal basis or on a video or written case study. Observe the behaviour of the service user/individual over a period of time.

1. Use the checklist based on Maslow to identify the needs of the service user/individual that you think are being met, and those which are not being met.
2. Repeat the observations using the second checklist that you produced.

C. Evaluate:

In your groups, analyse the effectiveness of the two checklists in assessing the needs of a service user/individual. Comment on the strengths and weaknesses of each checklist and suggest where improvements could be made.



Activity 22



Complete this activity in groups of 3 or 4.
Read the case study and answer all of the questions which follow.

Case Study



Maggie aged 56, had a history of clinical depression but has had a period of stability for the past 10 years. She had joint [tenancy](#) of a council flat with her partner of 7 years, worked part time as a cleaner and had a group of friends that she met every Friday night in the local pub. She enjoyed karaoke and was considered a 'good singer'. In addition, she met other friends at bingo every Tuesday. Her daughter worked part time and Maggie looked after her two grandchildren 2 days a week.

As the result of the sudden death from cancer of her partner, Maggie experienced a mental health breakdown. She was very depressed, lonely and unable to cope with the overwhelming grief at the loss of her partner. Maggie lost interest in personal or domestic hygiene. Maggie increasingly used alcohol for support and did not eat properly. She lost her part time job working as a cleaner as a result of her poor timekeeping, sickness record and general unreliability. The family could not continue to support this lifestyle and refused to visit her. Maggie lost contact with her two daughters and 5 grandchildren. When using alcohol to [self medicate](#), she became aggressive and confrontational. Maggie was admitted to the local psychiatric hospital 6 months ago.

The hospital is located in a run-down part of the city. The ward looks onto a disused factory building. Maggie is in a ward with 4 other patients. They have a bed and a small unlocked cabinet. She has had several personal items stolen and is concerned about her personal safety. Maggie has a good relationship with 2 members of the nursing staff and with a couple of other patients. She feels isolated and unable to communicate with other staff and patients and views them with suspicion and indifference.

As a result of rent arrears, Maggie has just been informed by letter that she has lost the tenancy of her flat. She has made little progress while in hospital. It was agreed in her Care Plan that Maggie should transfer to supported accommodation where a social care environment might work towards meeting her needs and help improve her mental health.

Activity 22

Task: Assessment of Needs

1. Assess Maggie's needs using Maslow's Hierarchy of Needs.

Use your observational checklist to help you:

- Identify needs that are being met
- Identify needs that are not being met

2. Identify way(s) that you would involve Maggie in this process.

3. Who else might be involved?

Feedback your ideas to the class group.

Activity 22 Feedback

1. You might have identified some of the following needs:

Physiological needs

Most of Maggie's physiological needs are being met at present. She is alcohol free; is eating regularly; has a place to sleep that is warm and reasonably comfortable.

Safety needs

Maggie's safety needs are not being met. She feels some degree of physical security but is concerned about her personal safety. She has lost her tenancy, job and family and is worried about her long and short term mental health. The hospital does not have lockers in the wards and some of her personal items have been stolen.

Love/belonging/social needs

At present this need is not being met. She does not have friendship, intimacy or a supportive and communicative family.

Esteem needs

Maggie does not feel respected, or have self respect. She has a good relationship with some of the nursing staff and feels respected by them but not by the other patients.

Cognitive needs

Maggie's cognitive needs are not being met.

Aesthetic needs

Maggie's aesthetic needs are not being met.

2. Using a range of communication and interpersonal skills you would work with Maggie throughout the process. Given Maggie's clinical depression, low mood and difficulty communicating effectively with others, you might want to suggest that Maggie might like the support of an [advocate](#) to represent her views and wishes.

3. Family, psychiatrist, social worker, community psychiatric nurse and advocate.

These are just a few ideas; you may have included others that are equally valid.



Activity 23

Complete this activity in small groups of 3 or 4.
Read the case study and answer all of the following questions.

Case Study



Matunde is aged 29 and is from Rwanda. He is a refugee and has lived in Scotland for the past year. He has a medical degree and worked as a Doctor in Rwanda. His wife and two children remain in Rwanda and have been refused permission to enter Britain. He is waiting for a decision from the Home Office to find out if they have accepted his asylum claim. Matunde has been provided with a temporary flat in a run down area and receives a basic financial allowance. He is not permitted to find employment.

He is one of the few black people who live on the estate and is regularly subjected to verbal and physical racial abuse. He was knocked down while walking home one evening and suffered a badly broken leg, ribs and minor head injury. He remained in hospital for one week and was discharged home. He is unable to walk at present and needs a wheelchair to help him move around. It is anticipated that he will require the use of a wheelchair for the next 6 – 8 weeks.

The following web link will provide you with background information about refugees:

http://www.surreycc.gov.uk/sccwebsite/sccwspages.nsf/LookupWebPagesByTITLE_RTf/Asylum+Seekers+-+background+information?opendocument

Task: Assessment of Needs

1. Assess Matunde's needs using Maslow's hierarchy of needs.
 - Use your observational checklist to help you:
 - Identify needs that are being met
 - Identify needs that are not being met
2. Identify way(s) that you would involve Matunde in this process.
3. Who else might be involved?

Feedback your ideas to the class group.

Activity 23 Feedback

1. You might have identified some of the following needs:

Physiological needs:

Matunde's physical needs have changed significantly after the accident.

Safety needs:

It is clear that his safety needs are not being met.

Love/belonging/social needs:

At present this need is not being met. He does not have friendship, intimacy or his family.

Esteem needs:

His experience of racial abuse, not having friends or family in the area, not being able to work and earn money, all suggest his esteem needs are not being met.

Cognitive needs:

Matunde is clearly an educated man who is unable at present to use his skills to find employment.

Aesthetic needs:

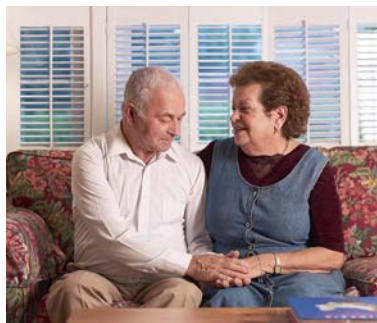
Matunde's aesthetic needs are not being met.

2. Using a range of communication and interpersonal skills you would work with Matunde throughout the process. You may need to investigate Matunde's cultural background and perhaps look for a community support/advocacy network/refugee council.

3. GP, health visitor, hospital staff, community support agencies, advocate.

These are just a few ideas; you may have included others that are equally valid.

Assessment Methods



The following information is taken from the Learning and Teaching Scotland resource pack: *Interpersonal Skills for Care, Higher*.

http://www.ltscotland.org.uk/nq/resources/nq_library/interpersonalskillsforcare5814.asp

Needs-led assessment must focus on the actual needs of service users and their carers and then find resources to meet these needs. Under the **NHS and Community Care Act 1990**, it is the responsibility of local authorities to ensure that services are provided to meet the needs of service users and not to simply fit service users into existing resources. The services can be purchased from the statutory or independent sectors.

The assessment of need is essential to inform the kind and range of services required by an individual service user.

There are a range of methods that can be used for assessing need and these include:

- self assessment
- observational assessment using checklists
- assessment meetings/interviews
- assessment forms
- asking questions
- diaries.

Levels of Care Assessment

Different depth and complexity of assessment of need will be carried out according to the extent of the individual's needs. The initial assessment may result in the identification of the need for a specific service e.g. help with shopping - which might be passed onto another agency or fall within the remit of the local authority.

However, the initial assessment may result in a more complex assessment which results in a number of services being provided e.g. home care, meals on wheels and day centre. The more complex the needs of the service user then the more detailed will be the assessment and resulting care plan and care package e.g. assessment by a number of care professionals to build up a profile of the service user and the range of resources required.

Who carries out the assessment?

A wide range of care professionals may be involved in assessing needs such as:

- social workers
- home care organisers
- social care officers
- occupational therapists
- community psychiatric nurse
- district nurse
- home care workers
- residential and day care workers.



Making an Assessment

Whatever level of assessment is required and whatever assessment method/s are used, the most fundamental principle of needs-led assessment is to work **with** the service user and their significant others. Some service users will have informal carers who are crucial to their health and well being. Carers are often family members but may also be friends and neighbours. There may be other significant people, as well as carers, in an individual's life. A few service users may not, however, have carers or significant others in their lives or who they wish to take part in the assessment process. If the service user has communication difficulties they may require the services of an advocate to support them during the care planning process.

The assessment process

Whatever the level and scope of the assessment it is always a two way process between the service user and the assessor. Sometimes other people, care professionals and agencies will need to be involved as well.

At the start of the assessment it is helpful if the assessor uses good interpersonal skills to establish a relationship of trust and then:

- **Clarifies Expectations** - to ensure the service user understands the purpose, mechanism, timescale, possible outcomes and their rights and entitlements in the assessment process.
- **Promotes Participation** - to actively involve the service user and their carers in the process. Some individuals will have a clear understanding of their needs whereas others may be confused or unable to articulate their opinions and needs. In these cases it may be appropriate to seek the opinions of their carers or other people who will advocate on their behalf. It is important that assessors work with service users to identify positives and strengths as well as difficulties and needs in a particular situation.
- **Assesses Need** - by using appropriate methods, consulting with all relevant people and agencies and working towards as much consensus as is possible. It is then essential for the service user (and advocate if required) and assessor to agree on the priority that each identified need should be given. Immediate crisis needs will be the first priority with longer term support and developmental needs likely to be the next priority.
- **Records Needs** - by completing the agency's pro forma in most cases. The form may be completed jointly by the assessor and service user if this is appropriate. All relevant parties such as the service user, carers, representatives of the service user and other agencies involved in the assessment should receive a copy of the assessment form.

The assessment record will then inform and lead to the development of a **care plan**.

The Care Plan

Person-centred care planning is a dynamic and active approach.

Miller (2005) describes it as a jigsaw involving the service user and others putting together a picture of wishes, dreams, needs, how they might be met and who else might be part of the persons' circle of support.

Care planning is a way of:

- agreeing
- arranging
- managing

the services or help needed to enable a person to live their life.

When a service or services have been arranged, a **care plan** will be written and a copy given to the service user.

The **care plan** will contain details of:

- what services will be received
- how long the services will be provided for
- who will provide each service
- when and where each service is to be provided
- if there will be a charge
- how and by whom the care plan will be monitored and reviewed.

All care plans will be **reviewed** and **monitored** to give everyone involved, especially users and carers, the opportunity to make sure the help given continues to be appropriate and the best way of offering help and support.

Strategies to Meet Needs

The value base

Whatever strategies are used to help meet needs in individual situations, they must be in the context of adherence to the value base. Most service users want to:

- have control over what happens to them
- live as independently as possible
- have choice and flexibility in the services that are offered to them
- be respected as a valuable individual
- have their cultural and religious rights respected
- receive clear communication at all times.

General strategies to help meet identified needs

The strategies to help meet identified needs which might form the basis of a particular care plan are wide ranging and often demand creativity on the part of care professionals. Before more detailed strategies can be implemented the following need to be agreed:

- short and long term needs
- the extent of participation and involvement by the service user and carers
- the involvement of care professionals and services
- mechanisms for monitoring and reviewing the care plan.

Specific strategies

Specific strategies for helping meet the needs of service users could include use of group work, use of motivational skills, behaviour modification techniques and **goal setting**.

Goal setting needs to be:

- agreed with the service user
- based on small achievable steps
- clearly defined with specific, time bound targets
- rewarding for the service user (may be useful to refer to Maslow's hierarchy of needs)
- monitored regularly.

Tools of Person-centred Care Planning

Path

The path technique was developed by Marsha Forest, John O'Brien and Jack Pearpoint.

Stage 1

The Dream - or the person's vision for the future.

Stage 2

Sensing the goal

Imagine what life would be like in a year's time. Positive and achievable goals are recorded.

Stage 3

Now

What is it like now and what are the tensions around getting to where the person wants to be?

Stage 4

Who is involved?

Who might help and who might cause difficulties? How might we overcome the difficulties?

Stage 5

How are we going to build strength?

How can we maintain commitment to the goals?

Stage 6

Three goal targets for six months time

Interim goals are set within a realistic timescale.

Step 7

First Steps

First steps are identified and the next meeting date is set.

Circles or networks of support are often used to support the development and achievement of the path.

Map

Developed by Mary A Falvey; Marsha Forest; Jack Pearpoint and Richard L Rosenberg.

The '**map**' is the individual's **care plan**. You would look at the person's story or background from their perspective.

- What are their dreams?
- What are their nightmares?
- Who the person is. What they like and dislike.
- What are the persons' unique gifts or talents?
- Where would they like to be in 1 year?
- Where would they like to be in 5 years?
- Where would they like to be in 10 years?
- Action plan. How is the person going to get there?
- What might they need to help them along this journey?
- Who else might be involved?
- When will they meet again to monitor, review and evaluate the progress of the map?

Essential Lifestyle Planning

Developed by Susan Burke-Harrison and Michael Smull.

Essential lifestyle planning is designed to help us be aware of and chart specific details about how best to support individuals. This is particularly important when people have complex physical and medical support needs. It can help the person make sense of their life now and decide what needs to change to make it better.

The focus is on the person. They would be positioned at the centre of the plan and involved throughout the process of completion and review.

Process

The process is discussed in the first person e.g. 'invite the people you want' refers to the person you are supporting. The language used supports the principle that it is the individual's plan and that our task is to support the **process**.

Wish and/or need for **change**:

Have a meeting:

- with a facilitator
- invite people you want
- have the meeting where you want

Develop a path

- dreams
- nightmares
- all about me
 - a) This is me and how I want you to see me
 - b) Remember these things are essential in my life
 - these things are important to me
 - these things I like
 - these things I dislike
 - c) What you must do to support me
 - d) If you are going to help me be healthy and safe follow these instructions
 - e) If you want to communicate with me, do this
 - f) Areas we are still working on

Develop a map

This would include:

- Decisions about actions
- Seeing it through, implementing the plan
- Review and evaluating the plan.



Activity 24



Visiting Speaker

Arrange a visiting speaker from a Health and Social Care agency.

Purpose of Visit

To discuss the [person centred](#) approach to care planning in their organisation.

Activity

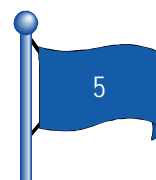
Devise a set of questions that you could ask the speaker.

Here are a few to start you off:

1. What is your organisational policy on care planning?
2. Who would complete the assessment of needs and care plan?
3. How would you involve the service user in the process?



Activity 25



Read Maggie's case study on page 140 again.

Work in small groups to complete this activity.

Use all the knowledge and understanding you have gained from this Unit to help you complete the following.

You have previously completed an **assessment of needs** in respect of Maggie.

Now:

- write a care plan identifying short and long term goals
- identify who will support Maggie to meet her goals
- identify who will monitor progress
- how will you monitor progress
- when will you review progress
- how will you review and evaluate progress.

Activity 25 Feedback

The **care plan** might include:

Physical safety and **security needs** may be supported by working with Maggie to find suitable supported accommodation. She may need additional support to stop using alcohol to cope with her depression and dietary advice/support to build her strength and develop physical well being. She may need a lock on her door or somewhere to keep valuables in the new accommodation. Gaining insight and managing positive mental health would be helpful for Maggie. This would assist esteem and cognitive needs.

Love and **belonging** and **esteem needs** may be supported by working with Maggie to build bridges with her family. She may need community networking support to help settle in and make new friends within the local area.

Cognitive needs may be supported by the development of love and belonging needs. Settling into a new area, finding new interests and making friends are challenging and stimulating. Maggie may at some point in the future look for part time employment.

Towards self actualization: identify what Maggie's long term goal might be. This might include moving on from supported accommodation to her old flat and resuming as much of her old life as possible while maintaining good mental health.

Who will support Maggie to achieve her goals?

- Voluntary care agency to provide supported accommodation
- GP, addiction services, health visitor, dietician and community psychiatric nurse to support positive physical and mental health
- Family, friends and care staff to achieve love and belonging, esteem and cognitive needs.

How will you monitor progress?

Care staff using interpersonal, communication and listening skills; diaries and reports; working with other agencies (as agreed in the care plan); discussing (in confidence) with colleagues or supervisor, to observe and monitor changes / progress. This is an ongoing process.

How will you review and evaluate progress?

Care plan reviews in line with agency policy. This may be at 3 or 6 monthly intervals or more often if required or requested by Maggie.

Glossary of Terms used in Health and Social Care

Term	Meaning
Advocate	A person who represents the cause or interest of another, even if that cause or interest does not necessarily coincide with one's own beliefs, opinions, conclusions, or recommendations.
Analysis	A systematic approach to problem solving. Complex problems are made simpler by separating them into more understandable components.
Appraisal	The process of assessing and interpreting evidence.
Carer	The carer is any person who provides regular ongoing support to an entitled person in an unpaid capacity.
Citizenship	The status given to a legal member of the country. It involves rights, duties and privileges.
Client	One who engages the professional advice or services of another.
Confidentiality	Keeping information given by or about an individual in the course of a professional relationship secure and secret from others. This confidentiality is seen as central to the maintenance of trust between professional and service-user.
Congruence	Similarity between objects.
Counselling	Counselling is a process where clients are helped in dealing with their personal and interpersonal conflicts
Critical Analysis	Critical analysis is about how we evaluate and understand other people's work, that is, their argument. How we put together our own claims, how we link ideas in our argument. Academic argument must be based on factual information and previous theoretical claims (even if these are to be rejected) not on personal experience.
Culture	The full range of learned behaviour patterns acquired by people in the process of growing up in a society. Culture includes the knowledge, beliefs, customs, language, and practices acquired through learning.

De-individualisation	Seeing individuals as both unique in their own right and part of a broader web of social and political factors.
Diversity	To respect racial/ethnic, gender, cultural, disability, sexual orientation, and social differences.
Emancipatory	Liberating – freeing from the control of others.
Empathy	Identification with and understanding of another's situation, feelings, and motives.
Ethics	A set of moral principles or values.
Evaluate	Present an appraisal of the problem stressing the pros, cons, advantages and limitations.
Inclusion	Recognises every individual's right to be treated equally, and to be accorded the same services and opportunities as everyone else.
Inequality	Unfair distribution of wealth, power, status or resources.
Informal education	Learning as a result of imitation, experimentation, and repetitive practice of basic skills. This is what happens when children role-play adult interactions in their games.
Learning	Learning is the acquisition and development of memories and behaviours, including skills, knowledge, understanding, values, and wisdom. It is the goal of education and the product of experience.
Learning network	A 'communications hub' or information resource for the sharing and promotion of evidence based practice in the social services.
Mass media	This expression was coined in the 1920s with the advent of nationwide radio networks, mass-circulation newspapers and magazines.
Medical model	This sees disabled people as passive receivers of service, and the impairment as being the problem. This results in a society that segregates and separates, creating 'special' facilities away from community life.

National Care Standards	National minimum standards in Health and Social Care.
Norms	The conceptions of appropriate and expected behaviour that are held by most members of the society.
Personality	An individual's entire complex of mental characteristics that makes him or her unique from other people. It includes all of the patterns of thought, emotions, and other mental traits that cause us to do and say things in particular ways.
Person-centred	The individual is the focus of activity.
Power	Exercising influence over others.
Refugee	Under international law, a refugee or is a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.
Rights	Powers or privileges granted by an agreement or law.
Role	The part a society expects an individual to play in a given status (e.g. child, wife, mother, aunt, grandmother). Social group membership gives us a set of role tags to allow people to know what to expect from each other.
Self medicate	Medication of oneself without professional supervision to alleviate an illness or condition, such as using alcohol, cannabis or an over-the-counter drug or preparation.
Service user	A person receiving the services of a health authority or voluntary or independent organisation is called a service user .

Skill	An ability, usually learned and acquired through training, to perform actions which achieve a desired outcome.
Social inclusion	Positive action taken to include all sectors of society in planning and other decision-making.
Socialisation	The general process of acquiring culture as you grow up in a society. During socialisation, children learn the language of the culture as well as the roles they are to play in life. In addition, they learn about the occupational roles that their society allows them. They also learn and usually adopt their culture's norms through the socialisation process.
Social justice	Health and Social Care often involves supporting people who have a higher than average share of poverty, deprivation and social disadvantage. Many are subject to more than one form of inequality. Ignoring or colluding with social injustice is not compatible with respect or dignity for the person.
Social model	The social model sees the person as disabled by society. In this view, the impairment is not in itself a problem, even though it may produce a need for a different set of living requirements.
Status	The relative social position of an individual.
Strategy	A systematic plan consciously adapted and monitored.
Tenancy	The right to use and occupy all or part of a property under a rental agreement.



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