

Knowledge Organiser: Unit 5 Meeting individual care and support needs LAA

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A1 - Promoting equality, diversity and preventing discrimination

Equality = treating everyone the same

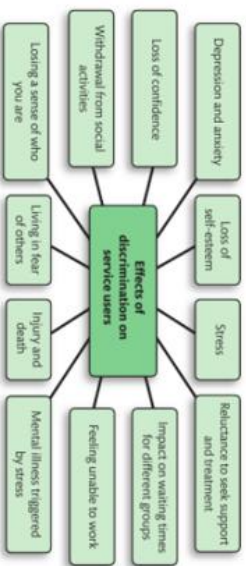
Diversity = differences between individuals

Discrimination = unfairly treating someone based on their differences

There are four types of discrimination:

- **Unfair discrimination** is when a person is treated unfairly compared with someone else. For example, when someone is not considered for a job because they are older than another candidate, despite having the same qualifications and experience.
- **Direct discrimination** is when someone is rude, hostile or offensive to someone because they see them as being different. For example, when someone who is overweight is called names. This form of discrimination is easy to prove because it is heard or witnessed by other people.
- **Indirect discrimination** is harder to prove. For example, a manager may appear to be supportive and friendly towards a member of staff, but may show disrespect for their ideas by dismissing them in a joking way.
- **Positive discrimination** is when a decision is made in a person's favour because there is something different about them. For example, when an advertising agency seeks to hire a person who has red hair and fair skin because they are to play the part of the sister of someone who has these characteristics, or when a service has few people from an ethnic minority at a certain level, so they appoint someone from that ethnic minority.

It is important to prevent discrimination to limit the negative effect below:



There are some initiatives used which can prevent discrimination:

- There are many ways in which care services can be adapted to meet individuals' specific needs and prevent discrimination.
- **Access:** the environment can be adapted, for example by having wide corridors, ramps, disabled toilets, lifts, wide automatically opening doors, counters and signs at wheelchair level, no obstacles or clutter, hearing loops.
- **Diet:** there is choice for those with medical conditions, religious requirements or cultural preferences.
- **Support:** appropriate resources and information are provided in a wide range of formats and languages to reflect local cultures, with advocates, translators, interpreters and carers available to help.
- **The use of advocacy services:** someone, referred to as an advocate, can speak on behalf of someone else (who maybe can't speak for themselves due to illness, disability or lack of confidence).

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A2 – Skills and person attributes required to form relationships The 6 'Cs'

Value	Definition
Care	Looking after and providing for the needs of a person.
Compassion	The awareness of the needs of others and the desire to help them.
Competence	The ability to understand a person's needs, combined with the expertise and knowledge to deliver effective care to meet those needs.
Communication	The exchange of information between two or more people that helps to provide care and support.
Courage	The personal strength and vision to do the right thing for the people being cared for.
Commitment	The determination to improve care and meet the needs of people.

People skills

People skills are the skills that help us to get on with other people, and so develop relationships with them. Some of these skills are:

- **empathy** - the ability to share and understand the emotions of others, such as sadness, anxiety or happiness.
- **patience** - the capacity to accept or tolerate problems without becoming annoyed or anxious.
- **engendering trust** - the ability to get people to trust you
- **flexibility** - being able to fit in with others and change your own plans if necessary
- **a sense of humour** - being able to see the funny side of situations
- **negotiating** - the process by which two parties with different interests or perspectives attempt to reach agreement, for example a doctor and a patient
- **honesty** - being truthful and sincere
- **problem solving** - the ability to ask the right questions and find an answer to a problem.

Communication skills are vital in supporting individuals:

1. **Active listening** – allowing uptake time, smiling, looking interested
2. **Tone of voice** – loud voice and fixed tone can show anger
3. **Appropriate language** – some people don't understand slang and get embarrassed or offended by strong language

Observation skills are important to monitor a patient's conditions:

1. Observe changes, either visual or measurable (like blood levels)
2. Child development, PISCE
3. Signs of abuse such as marks on skin or change in mood

Dealing with difficult situations is key to coping in the role of carer and also to remain calm under stress yourself, but to keep the patient calm too.

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A3 – Empathy and establishing trust

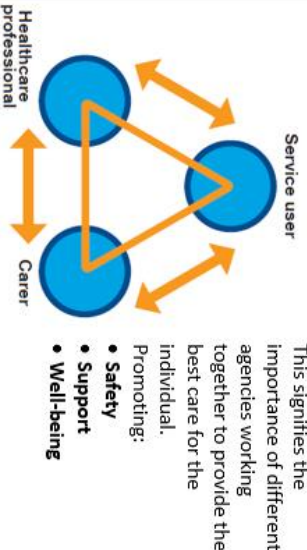
Attachment theory – Bowlby (1907-1990):

Highlights the importance of attachment between child and a significant adult, usually the parent. It is said that children who do not bond are to have problems socially later in life.

Bonding can occur in various ways:

- Touch
- Eye contact
- Sound/communication

The triangle of care:



Empathy theories:

Johannes Volkelt (1848-1930) was a German philosopher. He said that you could only really appreciate an object, such as a work of art or piece of music, if your personal identity and the object become one, so you not only see an object or hear music but also feel it with your body.

Robert Vischer (1847-1933) was also a German philosopher. He invented the term **Empfindung**, which was later translated in English as empathy. He said this word referred to when you imagine yourself as being one with a piece of art or literature and feel the emotions that the artist tried to reproduce, so **imbuing** the piece with relevant emotions.

Martin Hoffman is a contemporary American psychologist. His work is based on social and emotional development, especially empathy, and its bearing on how we develop morally. Our moral development includes our principles, how we behave and our sense of right and wrong.

Max Scheler (1874-1928) said that we should look at objects differently, so we didn't just give the facts about an object, such as it being big and a particular colour, but also give our opinion of it, such as it being beautiful, ugly, bland or majestic.



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B1 – Ethical issues and approaches

Ethical Theories:

1. **Consequentialism** – the correct moral response to a situation depends on the outcome. This puts the persons well-being ahead of your decision making
2. **Deontology** – Stick to your obligations and duties when decision making, because this is what is ethically correct
3. **Principlism** –

- ▶ **Autonomy:** respecting the decision-making capabilities of autonomous people by enabling them to make independent, reasoned and informed choices about their own care.
- ▶ **Beneficence:** balancing benefits of treatment against the risks and costs, so acting in a way that benefits the patient and promotes the wellbeing of others. For example, using the cancer drug trastuzumab (Herceptin) costs £22,000 to treat one person for one year (correct in August 2015). Would this money be better spent on saving many people who suffer a heart attack each year?
- ▶ **Non-maleficence:** doing no harm, so avoiding causing harm. For example, by making sure that any side effects of a treatment do not outweigh the benefits of that treatment.
- ▶ **Justice:** being morally right and fair, distributing a fair share of benefits, doing what the law says and looking at the rights of the people involved.

4. **Virtue ethics** – make decisions based on your own morals and beliefs

Managing conflict:

Do	Don't
Make sure that the issues are fully outlined.	Conduct your conversation in a public place.
Acknowledge emotions and different styles.	Leave the discussion open – instead create an action plan.
Have a comfortable environment for any meetings.	Finish people's sentences for them.
Set a time frame for the discussion.	Use jargon.
Establish good rapport.	Constantly interrupt.
Use names and, if appropriate, titles, throughout.	Do something else whilst trying to listen.
Work to cool down the debate in a hot conflict.	Distort the truth.
Convince parties in a cool conflict that something can be done.	Use inappropriate humour.

Conflicts of interest: This where a dilemma occurs, for example treating a family member first over another member of the public

Balancing service resources: This involves taking into consideration limited funding in comparison to treatment and weighing up the difference

Minimising risk: This involves still upholding the individual's choice, but still ensuring they are safe.

Sharing information and confidentiality: it is your duty working in health and social care that personal information is kept private.

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B2 – Legislation

Legislation

Legislation	Brief summary
Human Rights Act 1998	• Means that public organisations including the government, police, hospitals and local councils must treat everyone equally, with fairness, dignity and respect • Gives everyone the right to defend their rights in the UK courts • Sets out fundamental rights and freedoms that individuals in the UK have access to: for example, the right to life, liberty, security and a fair trial, freedom of thought and expression, and protection from discrimination
Mental Capacity Act 2005	• Designed to protect and empower people aged 16 and over who may lack the mental capacity to make their own decisions about their care and treatment • States that individuals must be given the help they need to make a decision themselves • States that treatment and care should be the least restrictive of their basic rights and freedoms possible, while providing the required care and treatment
National Health Service Act 2006 Section 140	• Act brought in to promote an improved health service with regard to physical and mental health and the prevention, diagnosis and treatment of illness • Section 140 is about primary care trusts giving financial assistance to people to do preparatory work for pilot schemes providing local pharmaceutical services without involving a primary care trust. This could lead, for example, to setting up pharmacies in supermarkets.
Mental Health Act 2007	• Changes the definition of mental disorder • Makes it no longer possible for patients to be compulsorily detained, unless appropriate treatment and all other information is available to that patient • Broadens the role of practitioners • Gives relatives and civil partners more rights • Provides more help, such as age-appropriate services, independent mental health advocacy, quicker tribunals, more safeguards around electro-convulsive therapy (ECT), and supervised community treatment
Equality Act 2010	• Protects people from discrimination in the workplace and in wider society • Ensures consistency in making workplaces a fair environment for both employees and employers • Replaces previous legislation (eg Sex Discrimination Act 1975, Race Relations Act 1976, Disability Discrimination Act 1995) with a single Act, making the law easier to understand • Sets out the ways in which it is unlawful to treat someone
Care Act 2014	• Replaces numerous previous laws to provide a coherent approach to adult social care in England • Aims to give clearer, fairer care and support for the physical, mental and emotional wellbeing of both the person needing care and their carer • Aims to speed up the provision of care and support where needed • Gives people control of their care

Making an ethical decision – The 5 steps:

1. Recognise the decision or issue, identify the need to make a decision.
 - Are you being asked to do something that may be wrong or illegal?
 - Are you aware of others involved who are behaving unethically or illegally?
 - Are you unsure about the ethical course of action to take?
2. Think before you act: make a prediction about which decision is most likely to give a good outcome.
 - Summarise the various options and consequences.
 - Consider who may be affected and consult others for their views.
3. Decide on a course of action, identify your feelings.
 - Identify your responsibility in this process.
 - Assess any risks and how they can be reduced.
 - Decide on the best course of action.
4. Test your decision: can you live with your decision?
 - Review it against ethics and values.
 - Consult others about your plan of action.
5. Proceed and evaluate: can you explain your reasoning clearly and engage with others in a discussion about the merits of your decision?
 - Communicate the decision and reasoning to all involved, so that the action taken becomes the norm.
 - Celebrate achievement by sharing successful outcomes with other stakeholders.
 - Record a brief note on anything you have learned and any principles derived.



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C1 - Enabling individuals to overcome challenges

1. Different challenges:

- **Awareness and knowledge** – children lack in comparison to adults
- **Practical challenges** – older people find mobility difficult compared to younger people
- **Skills challenges** – Older people lack ICT skills
- **Acceptance challenges** – older people often have differing principals and beliefs
- **Motivational challenges** – someone morbidly obese might find it difficult to begin losing weight
- **Communication challenges** – older people may start to lose sight and hearing so find it hard to communicate

2. Identifying Challenge:

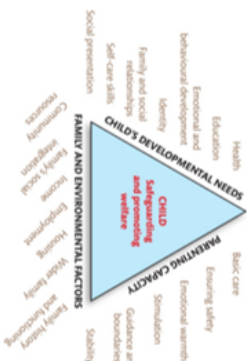
- **Observation** – being able to see and identify problems
- **Focus groups** – people are invited to discuss their issues
- **Talking Informally** – chatting to find out how a person is
- **Using questionnaires** – surveys/questions to gain info

3. Strategies to overcome challenge:

- **Educational information** – courses help people learn about the challenges of others and how best to overcome them
- **Training** – healthcare professionals train in specific areas and specialities to be able to support people who struggle
- **Opinion leaders** – A well-known professional who can have an active voice to change opinion and create change
- **Clinical audits** – review of standards of best practice
- **Computer aided advice systems** – online decision support systems that can provide information quickly. Doctors may use these for prescribing medication.
- **Patient** – mediated strategies – mass media campaigns to the wider public about new evidence or new practices in the healthcare industry.

4. Policy frameworks: A structure used to set principals and long term goals

- **NHS patient experience framework**
- **Health Action Plans**
- **Adult social care outcomes framework**
- **Common Assessment Framework (CAF)**



5. The impact of not enabling individuals to overcome challenges:

Although challenges are not easily overcome in some cases, for example the aging population, it is important to try as the NHS can become overwhelmed, care homes full etc.

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C2 – Promoting Personalisation

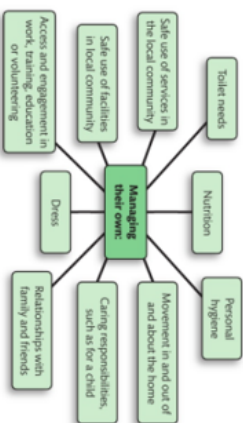
Personalisation = ensuring every person receives the care and support they need

Supported living services – services that can help a person live in their own home on a long-term basis.

National eligibility criteria – a minimum threshold of needs for adult care and support.

Eligibility threshold:

How do you know when a person needs support?



Methods of recognising preferences:

1. Care Plans

Type of plan	What does it plan?	Who do they help?
Care	The care services and support to be provided.	Individuals needing extra help with daily living.
Learning	A programme of learning that takes into consideration the person's strengths and weaknesses.	Individuals with learning difficulties.
Behavioural	How a person's behaviour may be changed.	Individuals with conditions such as autism.

2. Specialist support – from trained professionals

The importance of promoting preference:

People should be able to live life according to themselves in a way that suits them, it's a basic right. Independence also makes people feel better in themselves.

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C3 – Communication Techniques

The approach	Strengths	Weaknesses
Humanist • Person-centred • Non-judgmental, depends on basic trust in the service user • Uses a positive manner, thoughts and actions, empathy, shows respect • Gives person choices and believes they can change their lives • Positive approach • Used in lots of situations	• Non-judgmental, meet as equals • Empathetic, depends on basic trust in the service user • Uses a positive manner, thoughts and actions, empathy, shows respect • Gives person choices and believes they can change their lives • Positive approach • Used in lots of situations	• Ignores behaviour • Short term • Relies on good communication skills • Uses complicated terms • Hard to be non-judgmental
Behavioural • Looks only at observed behaviour • An approach that comes naturally • Doesn't rely on communication skills, so works with all ages and abilities, eg a baby mistaking adults to acquire language skills	• Objective so people can agree about what is happening • Easy to understand • An approach that comes naturally • Doesn't rely on communication skills, so works with all ages and abilities, eg a baby mistaking adults to acquire language skills	• Doesn't look at what's going on inside someone's head, so limited • Deals with symptoms not causes, so can be short term • Can only be used to change behaviour
Cognitive • Structured approach • Looks at what the person says and does • Takes notice of what service users think and feel • No interpretation or hidden meaning	• Easy to understand, logical and makes sense to service users • Takes notice of what service users think and feel • No interpretation or hidden meaning	• Relies on good communication skills, need to understand what the individual is doing • Rational approach, so not suitable for those who don't have a rational mind • Only one problem worked on at a time
Psychosocial • Interprets what the person says and does • Can change many parts of lives, not just behaviour • Can be used for a wide range of problems	• Effective • Gives service users insight into why they think or feel as they do, so gets deeper into problems • Can change many parts of lives, not just behaviour • Can be used for a wide range of problems	• Very complicated to use • Needs specialist training • Based on service providers' analysis • Lengthy
Social • Studies individuals in a social context • Helps understanding of social behaviour in general	• Uses real life situations when studying behaviour • Uses the results from experiments, such as the BBC prison study, to explain and offer solutions to an individual's problems • Helps understanding of social behaviour in general	• Presence of observer may have a negative effect on participants • Findings are generalised • Members of the group being studied may not be representative of population as a whole, as they may be more motivated

Types of communication:

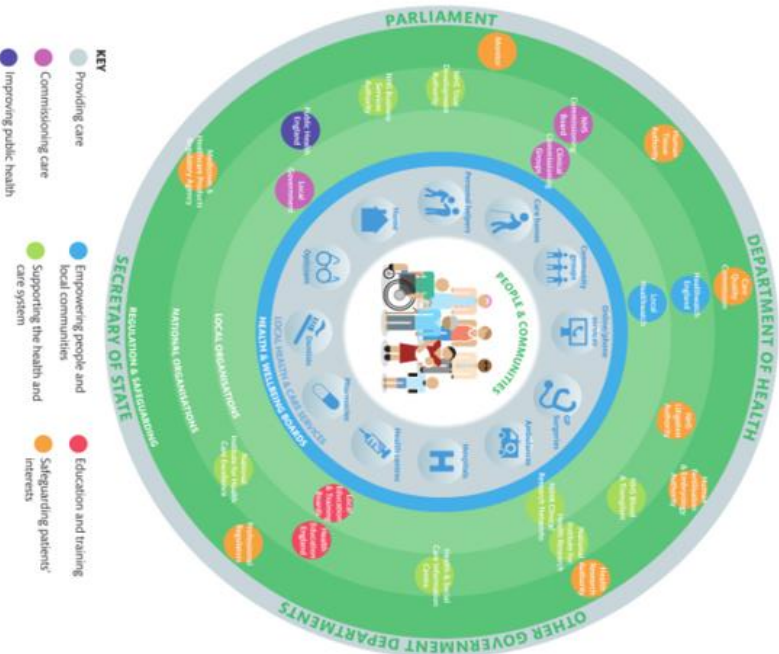
- **Verbal**
 - **Body Language** incl: Eye contact, posture, gesture
 - **Written**
 - **Formal/Informal**
 - **Braille**
 - **Makaton**
 - **BSL**
 - **Communication boards**
 - **Symbol systems**
- Theories:**
- **Berners 12 part communication cycle**
 - **Argyle's social skills**
 - **Tuckman's group communication theory**
- New technologies:**
- **Mobile phones**
 - **Internet/email**
 - **Hearing aids**
 - **Voice activation**
 - **Hearing loops**



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D1 – How Agencies work together

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D4 – Managing information

All organisations must have policies and procedures for managing information – Organisations must:

- Identify why information is needed
- Identify what information is needed
- Search for the information effectively
- Use information ethically and legally

Important to share information so the

person gets the care they need!

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Bodies that control data have now provided a database online accessible for everyone to access. It holds personal data and health records, accessible via the NHS app and also an online record of all health service providers across the nation.

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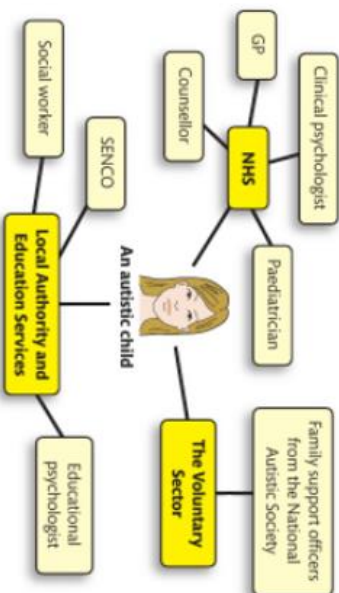
D2 – Roles and Responsibilities of key professionals

Multi-disciplinary teams – Made up of professionals in the same service that each have a different role to play and work as part of a team.

Multi-disciplinary teams are formed based on the individual's specific needs. For example, for someone diagnosed with cancer, the team might be made up of an oncologist, a radiologist, a haematologist, a dietitian, a clinical nurse specialist and other specialist nurses. Each team member has a different role and responsibilities (see Table 5.9).

How do Multi-disciplinary teams work together?

e.g.



Partnerships come together and work closely with other organisations to ensure information is passed on effectively and confidentially. It is important that multi organisations meet and communicate regularly.

Impact of new technologies on managing information

The impacts of advances in technology, such as electronic patient records (EPRs), are:

- Improved and faster communication
- Increasing quantities of data available
- more detailed information.

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D3 – Maintaining confidentiality

1. Keeping up to date with laws around data protection (data protection act 1998, human rights act 1998)
2. Keep information locked away securely
3. Sharing information only with people who are entitled to that information, work closely with partner organisations.
4. Be professional

Codes of practice for confidentiality:

- Justify purpose for sharing
- Don't use personally
- Minimum amount of data
- Allow access to personal data
- Understand the law
- The duty to share must be important for the care of the individual

HSCIC:

Set up in 2013. Has the powers to advise, authorise and monitor any use of personal data for the health sector.

