In Association With

Learning work book to contribute to the achievement of the underpinning knowledge for unit: HSC 036

Promote Person Centred Approaches in Health and Social Care

Credit value 6

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The Learning Company Ltd

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**INTRODUCTION**

This workbook provides the learning you need to help you to achieve a unit towards your qualification. Your qualification on the Qualification and Credit Framework (QCF) is made up of units, each with their own credit value; some units might be worth 3 credits, some might have 6 credits, and so on. Each credit represents 10 hours of learning and so gives you an idea of how long the unit will take to achieve.

Qualification rules state how many credits you need to achieve and at what levels, but your assessor or tutor will help you with this.

Awarding Organisation rules state that you need to gather evidence from a range of sources. This means that, in addition to completing this workbook, you should also find other ways to gather evidence for your tutor/assessor such as observed activity; again, your assessor will help you to plan this.

To pass your qualification, you need to achieve all of the learning outcomes and/or performance criteria for each unit. Your qualification may contain essential units and optional units. You’ll need to complete a certain amount of units with the correct credit value to achieve your qualification. Your tutor/assessor can talk to you more about this if you’re worried and they’ll let you know how you’re doing as you progress.

This workbook has been provided to your learning provider under licence by The Learning Company Ltd; your training provider is responsible for assessing this qualification. Both your provider and your Awarding Organisation are then responsible for validating it.

**THE STUDY PROGRAMME**

This unit is designed for individuals who are working in or wish to pursue a career in their chosen sector. It will provide a valuable, detailed and informative insight into that sector and is an interesting and enjoyable way to learn.

Your study programme will increase your knowledge, understanding and abilities in your industry and help you to become more confident, by underpinning any practical experience you may have with sound theoretical knowledge.
WHERE TO STUDY

The best way to complete this workbook is on your computer. That way you can type in your responses to each activity and go back and change it if you want to. Remember, you can study at home, work, your local library or wherever you have access to the internet. You can also print out this workbook and read through it in paper form if you prefer. If you choose to do this, you’ll have to type up your answers onto the version saved on your computer before you send it to your tutor/assessor (or handwrite them and post the pages).

WHEN TO STUDY

It’s best to study when you know you have time to yourself. Your tutor/assessor will help you to set some realistic targets for you to finish each unit, so you don’t have to worry about rushing anything. Your tutor/assessor will also let you know when they’ll next be visiting or assessing you. It’s really important that you stick to the deadlines you’ve agreed so that you can achieve your qualification on time.

HOW TO STUDY

Your tutor/assessor will agree with you the order for the workbooks to be completed; this should match up with the other assessments you are having. Your tutor/assessor will discuss each workbook with you before you start working on it, they will explain the book’s content and how they will assess your workbook once you have completed it.

Your Assessor will also advise you of the sort of evidence they will be expecting from you and how this will map to the knowledge and understanding of your chosen qualification. You may also have a mentor appointed to you. This will normally be a line manager who can support you in your tutor/assessor’s absence; they will also confirm and sign off your evidence.
You should be happy that you have enough information, advice and guidance from your tutor/assessor before beginning a workbook. If you are experienced within your job and familiar with the qualification process, your tutor/assessor may agree that you can attempt workbooks without the detailed information, advice and guidance.

**THE UNITS**

We’ll start by introducing the unit and clearly explaining the learning outcomes you’ll have achieved by the end of the unit.

There is a learner details page at the front of each workbook. Please ensure you fill all of the details in as this will help when your workbooks go through the verification process and ensure that they are returned to you safely. If you do not have all of the information, e.g. your learner number, ask your tutor/assessor.

To begin with, just read through the workbook. You’ll come across different activities for you to try. These activities won’t count towards your qualification but they’ll help you to check your learning.

You’ll also see small sections of text called “did you know?” These are short, interesting facts to keep you interested and to help you enjoy the workbook and your learning.

At the end of this workbook you’ll find a section called ‘assessments’. This section is for you to fill in so that you can prove you’ve got the knowledge and evidence for your chosen qualification. They’re designed to assess your learning, knowledge and understanding of the unit and will prove that you can complete all of the learning outcomes.

**Each Unit should take you about 3 to 4 hours to complete, although some will take longer than others. The important thing is that you understand, learn and work at your own pace.**

**YOU WILL RECEIVE HELP AND SUPPORT**

If you find that you need a bit of help and guidance with your learning, then please get in touch with your tutor/assessor. If you know anyone else doing the same programme as you, then you might find it very useful to talk to them too.
Certification

When you complete your workbook, your tutor/assessor will check your work. They will then sign off each unit before you move on to the next one.

When you’ve completed all of the required workbooks and associated evidence for each unit, your assessor will submit your work to the Internal Verifier for validation. If it is validated, your training provider will then apply for your certificate. Your centre will send your certificate to you when they receive it from your awarding organisation. Your tutor/assessor will be able to tell you how long this might take.
Unit HSC 036: Promote person centred approaches in health and social care

About this unit

This unit is aimed at those working in a wide range of settings. It provides the learner with the knowledge and skills required to implement and promote person centred approaches.

Learning outcomes

There are **seven** learning outcomes to this unit. The learner will be able to:

1. Understand the application of person centred approaches in health and social care
2. Work in a person-centred way
3. Establish consent when providing care or support
4. Implement and promote active participation
5. Support the individual’s right to make choices
6. Promote individuals well-being
7. Understand the role of risk assessment in enabling a person centred approach

What is person-centred care?

Person-centred care is a way of providing care that is centred around the person, and not just their health or care needs. To explain this in simple terms, we are all individual, no two people are the same so it is not appropriate to say that because two people have dementia that they both have the same care and support needs. Person-centred values ensures a comprehensive understanding of individual needs and the development of appropriate individual care plans for all individuals.

Person centred values covers the total care of the person. To begin with the person is the centre of the plan i.e. to be consulted and their views always to come first. It should include all aspects of care both Social Services, health, family and voluntary sector.

One of the challenges this presents is how we can fully involve people with high support needs, who may not use words to speak, in person centred planning.
Traditionally, when we have considered how we can involve people in planning we have concentrated on the planning meeting. The personalisation agenda is leading some of the changes happening in social care today.

The White Paper 'our health, our care, our say' confirms the vision of high quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. A useful guide on receiving direct payments is available from the Department of Health.

**The Mental Capacity Act (MCA) 2005**

It may be that the individual cannot always make decisions for themselves. Or there are times when they cannot make decisions. The Mental Capacity Act 2005 is intended to support such times.

The Mental Capacity Act 2005 came into effect from 1 April 2007 and covers England and Wales. The Act provides a statutory framework for people who may not be able to make their own decisions because of mental disability. The Act promotes fair treatment for people who may be affected, and protects the rights of some of the most vulnerable people in society.

More than two million people in England and Wales may lack the capacity to make decisions by themselves. They may be people with:

- Dementia
- Learning disabilities
- Mental health problems
- People who have suffered stroke and head injuries

The Mental Capacity Act 2005 will help people to make their own decisions. It will also protect people who cannot make their own decisions about some things. This is called lacking capacity.
The Act tells people:

- What to do to help someone make their own decisions about something
- How to work out if someone can make their own decisions about something
- What to do if someone cannot make decisions about something sometimes.

A lack of mental capacity could be due to:

- A stroke or brain injury
- A mental health problem
- Dementia
- A learning disability
- Confusion, drowsiness or unconsciousness because of an illness or the treatment for it
- Substance misuse.

The type of decisions that are covered by the MCA range from day-to-day decisions such as what to wear or eat, through to more serious decisions about where to live, having an operation or what to do with a person’s finances and property. Decisions that are not covered by the new law: Some types of decisions (such as marriage or civil partnership, divorce, sexual relationships, adoption and voting) can never be made by another person on behalf of a person who lacks capacity. This is because these decisions or actions are either so personal to the individual concerned or because other laws govern them and the Mental Capacity Act does not change this. The MCA applies to situations where a person may be unable to make a particular decision at a particular time because their mind or brain is affected, for instance, by illness or disability, or the effects of drugs or alcohol.

**The use of care plans in applying person centred values**

A care plan sets out in some detail the daily care and support that has been agreed should be provided to an individual. If you are employed as a carer, it acts as a guide to you in terms of what sorts of activities are expected of you. It does not stand still of course. There will be regular reviews, and the individual and you should be involved in discussion about how it is working and whether parts need changing.
Person centred planning is much more than a meeting. It is a process of continually listening, and learning; focussed on what is important to the person now, and for the future; and acting upon this in alliance with their family and friends. It is vital that we think about how the person can be central throughout the process, from gathering information about their life, preparing for meetings, monitoring actions and on-going learning, to reflection and further action. There is a danger that efforts to develop person centred planning simply focus on having better meetings. Any planning without implementation leaves people feeling frustrated and cynical, which is often worse than not planning at all.

Very often you will only be caring for and supporting people when they are in a vulnerable position. The quality of care that you can provide will be improved if you have knowledge of the whole person, not just the current circumstances: knowledge can help us for example to understand better why people behave in the way they do. A care plan, based on a person centred approach, will help in understanding some of this, but what else might help? Person centred planning, then, demands that you see the person whom you are supporting as the central concern. It means that we need to find ways to make care and support individual, not ‘one size fits all’. It means that the relationship moves from being one of carer and cared for towards one based on a partnership: you become a resource to the person who needs support.

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Work in a person-centred way

Person centred planning is a way of helping people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.
It is a collection of tools and approaches based upon a set of shared values that can be used to plan with a person - not for them. Planning should build the person’s circle of support and involve all the people who are important in that person’s life.

Person centred planning is built on the values of inclusion and looks at what support a person needs to be included and involved in their community. Person centred approaches offer an alternative to traditional types of planning which are based upon the medical model of disability and which are set up to assess need, allocate services and make decisions for people.

**Person centred working**

Person centred working involves a number of approaches which people who provide support can use to help them work in a more person centred way.

- How to sort what is important to a person from what is important for them
- How to address issues of health, safety and risk whilst supporting choice
- How to identify what the core responsibilities are for those who provide paid support
- How to consider what makes sense and what does not make sense about a person’s life
- How to ensure effective support by matching characteristics of support staff to the person’s needs

**Person centred teams**

Person centred approaches are not only for people who use services, they can also be very useful tools for enabling teams to work together effectively. Person centred team plans help teams to be clear about their purpose, to understand what is important to each member and what support they need to do a good job.
How to find out the individual’s history, preferences, wishes and needs

Person centred planning can work for anyone. It is especially useful for people who may need help planning their future, or who find that services often do the planning for them. Lots of people feel like this, so person centred planning suits lots of different people.

There are key features of person centred planning that will help anyone reviewing plans to ensure the person is at the centre and has their say.

Key features are:

1) The person is at the centre. This means that the person has had genuine choice and involvement in the process, and in deciding who is involved, where, when and how the planning takes place.

2) Family members and friends are full partners. People will come together to work flexibly and creatively to ensure that the person is getting the supports they need to have a better life.

3) Person centred planning reflects the person’s capacities, what is important to the person (now and for the future) and specifies the support they require to make a valued contribution to their community. The plan identifies choices about how the person wants to live and then demonstrates how the proper supports are provided.

4) Person centred planning builds a shared commitment to action that will uphold the person’s rights and encourages their participation in community life.

5) Person centred planning leads to continual listening, learning and action, and helps the person to work towards getting what they want/need out of life. The plan is not focused only on services provided, but on what might be possible in the future. The person centred plans include negotiation so that resources and supports reflect what the individual wants and needs.

The essence of being person-centred is that it is individual to, and owned by, the person being supported.
There is no single approach that can be applied to working with someone in a person-centred way, and no approach that exclusively covers all of the process that may be needed in developing a person-centred plan.

**Person centred values in a complex or sensitive situation**

Person-centred planning is a process of life planning with individuals using the principles of inclusion, and a social model rather than a medical model. With a medical model, a person is seen as the passive receiver of services and their impairment as a problem; this often leads to segregation and places to live and work that are away from the community. A social model sees a person as being disabled by society. In this model, a person is proactive in the fight for equality and inclusion. The concept of person-centred planning is not new. One of the first people to develop the model was John O'Brien. His 'five accomplishments' (respect, choice, participation, relationships and ordinary places) were the foundation for person-centred planning in the USA.

Person-centred planning has five key features:

1. The person is at the centre of the planning process
2. Family and friends are partners in planning
3. The plan shows what is important to a person now and for the future and what support they need
4. The plan helps the person to be part of a community of their choosing and helps the community to welcome them
5. The plan puts into action what a person wants for their life and keeps on listening - the plan remains 'live'.

**DID YOU KNOW?**

Before reaching for the insect bite cream, try rubbing the affected area with the inside of a banana skin. Many people find it amazingly successful at reducing swelling and irritation.
ACTIVITY ONE

Circle the words or phrases you would associate with person centred values

Person   Inclusion   Pheasant
Service   Setting   Turkey
Model     Chicken   Respect

Actions and approaches in response to an individual’s changing needs or preferences

An important first step in person centred approaches is to understand each person’s unique way of getting their message across. This can vary from person to person, and can depend on the person’s level of spoken language, their eye contact, and their body language. It is important in getting person centred planning started that each individual is recognised as having their own particular way of communicating.

Without an understanding of this we will struggle to achieve a person centred approach, and to hear about people’s hopes and needs, and to achieving a better life for each person.

The person at the centre

Good communication depends on

- How well you can hear
- How well you can see
- How comfortable you are feeling
- How alert and attentive you are
- How well you can understand what is happening
- How well you can express yourself to someone else
- How interested and motivated you are to communicate.
- What you need to do:
- Make sure the person can hear, see and is comfortable
✓ Check when the last hearing or vision test happened; get an up to date assessment
✓ Make sure hearing aids or glasses are used if necessary, and that they work properly!
✓ Make sure you talk clearly and allow the person to read your lips if necessary
✓ Use sign / gesture and pictures to back up your speech
✓ Make sure you present information clearly for people to see
✓ Make sure people are positioned for good communication – seating is key
✓ Make sure the environment is quiet and there are not too many distractions
✓ Check out general health and comfort – pain, physical difficulties, effects of medication.
✓ Gain a person's attention before starting to talk
✓ Show that you respect a person's way of communicating by using it to them
✓ Make sure communication books/aids are available to the person when they need them – not stuck in a cupboard!
✓ Be a good observer, and respond to all communicative signals
✓ Make sure the person can see your hands and face if you are signing and talking.
✓ Give enough time for the person to listen to you and respond
✓ Check that you have understood - by talking to others, helping the person to tell you when you have got it wrong. Don’t pretend you can understand if you really can’t!

Establish consent when providing care or support

Every adult must be presumed to have the mental capacity to consent or refuse treatment, unless they are

✓ Unable to take in or retain information provided about their treatment or care
✓ Unable to understand the information provided
✓ Unable to weigh up the information as part of the decision-making process.

The assessment as to whether an adult lacks the capacity to consent or not is primarily down to the clinician providing the treatment or care, but nurses and midwives have a responsibility to participate in discussions about this assessment.
Nurses and midwives have three over-riding professional responsibilities with regard to obtaining consent.

- To make the care of people their first concern and ensure they gain consent before they begin any treatment or care.
- Ensure that the process of establishing consent is rigorous, transparent and demonstrates a clear level of professional accountability.
- Accurately record all discussions and decisions relating to obtaining consent

Valid consent must be given by a competent person (who may be a person lawfully appointed on behalf of the person) and must be given voluntarily. Another person cannot give consent for an adult who has the capacity to consent.

In exceptional cases, for example, where consent was obtained by deception or where not enough information was given, this could result in an allegation of battery (or civil assault in Scotland). However, only in the most extreme cases is criminal law likely to be involved.

Usually the individual performing a procedure should be the person to obtain consent. In certain circumstances, you may seek consent on behalf of colleagues if you have been specially trained for that specific area of practice.

**Forms of consent**

A person may demonstrate their consent in a number of ways. If they agree to treatment and care, they may do so verbally, in writing or by implying (by co-operating) that they agree. Equally they may withdraw or refuse consent in the same way. Verbal consent, or consent by implication, will be enough evidence in most cases. Written consent should be obtained if the treatment or care is risky, lengthy or complex. This written consent stands as a record that discussions have taken place and of the person’s choice. If a person refuses treatment, making a written record of this is just as important. A record of the discussions and decisions should be made.
When consent is refused

Legally, a competent adult can either give or refuse consent to treatment, even if that refusal may result in harm or death to him or herself. Nurses and midwives must respect their refusal just as much as they would their consent. It is important that the person is fully informed and, when necessary, other members of the health care team are involved. A record of refusal to consent, as with consent itself, must be made.

Consent of people under 16

If the person is under the age of 16 (a minor), carers must be aware of local protocols and legislation that affect their care or treatment. Consent of people under 16 is very complex, so local, legal or membership organisation advice may need to be sought. Children under the age of 16 are generally considered to lack the capacity to consent or to refuse treatment. The right to do so remains with the parents, or those with parental responsibility, unless the child is considered to have significant understanding and intelligence to make up his or her own mind about it.

Children of 16 or 17 are presumed to be able to consent for themselves, although it is considered good practice to involve the parents. Parents or those with parental responsibility may override the refusal of a child of any age up to 18 years. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.

Consent of people who are mentally incapacitated

It is important that the principles governing consent are applied just as vigorously to people who are mentally incapacitated. A person may be described as mentally incapacitated for a number of reasons. There may be temporary reasons such as sedatory medicines, or longer term reasons such as mental illness, coma or unconsciousness.

The courts have identified certain circumstances when referral should be made to them for a ruling on lawfulness before a procedure is undertaken.
These are

- Sterilisation for contraceptive purposes
- Donation of regenerative tissue such as bone marrow
- Withdrawal of nutrition and hydration from a patient in a persistent vegetative state
- Where there is doubt as to the person’s capacity or best interests.

If your work involves treating or caring for people (anything from helping people with dressing to carrying out major surgery), you need to make sure you have the person’s consent to what you propose to do, if they are able to give it. This respect for people’s rights to determine what happens to their own bodies is a fundamental part of good practice. For a person’s consent to be valid, the person must be:

- Capable of taking that particular decision
- Acting voluntarily (not under pressure or duress from anyone)
- Provided with enough information to enable them to make the decision.

Seeking consent is part of a respectful relationship and should usually be seen as a process, not a one-off event. When you are seeking a person’s consent to treatment or care, you should make sure that they have the time and support they need to make their decision. People who have given consent to a particular intervention are entitled to change their minds and withdraw their consent at any point if they have the capacity (are ‘competent’) to do so.

Similarly, they can change their minds and consent to an intervention which they have earlier refused. It is important to let the person know this, so that they feel able to tell you if they change their mind. Adults with the capacity to take a particular decision are entitled to refuse the treatment or care being offered, even if this will clearly be detrimental to their health. Mental health legislation does provide the possibility of treatment for a person’s mental disorder without their consent (in which case more specialist guidance should be consulted). Detention under mental health legislation does not give a power to treat unrelated physical disorders without consent. Consent is a process. Legally, it makes no difference if people give their consent verbally or non-verbally (for example by holding out an arm for blood pressure to be taken) or signing a consent form.
A consent form is only a record, not proof that genuine consent has been given. It is good practice to seek written consent if treatment or care is complex, or involves significant risks or side effects. If the person has the capacity to consent to treatment or care for which written consent is usual but cannot write or is physically unable to sign a form, a record that the person has given verbal or non-verbal consent should be made in their notes or on the consent form.

Some people may therefore have capacity to consent to some treatment or care provisions but not to others. People suffering from the early stages of dementia, for example, would probably still have capacity to make many straightforward decisions about their own treatment or care but might lack capacity to take very complex decisions. It should never be assumed that people can take no decisions for themselves, just because they have been unable to take a particular decision in the past. A person’s capacity may also fluctuate: they may, for example, be able to take a particular decision one day even if they had not been able to take it the day before. Where a person’s capacity is fluctuating you should if possible delay treatment or care decisions until a point when the individual has the capacity to make their own decision. People close to the person may sometimes be able to assist you in choosing an appropriate time to discuss his or her health or social care wishes and options.

**DID YOU KNOW?**

The world’s largest amphibian is the giant salamander. It can grow up to 5 ft in length.
ACTIVITY TWO

Circle the words or phrases you would associate with consent

Capacity    Decision    Rope
String      Dementia     Fluctuating
Ribbon      Risk          Effect

Steps to take if consent cannot be readily established

When adults lack capacity

Even where information is presented as simply and clearly as possible, some people will not be capable of taking some decisions. This will obviously apply when a person is in a coma, for example. It may also apply to people with severe dementia, although you should never automatically assume that a person lacks capacity simply because they have dementia. A person’s capacity should always be assumed until proved otherwise.

If a person is not capable of giving or refusing consent, it is still possible for you lawfully to provide treatment and care, unless such care has been validly refused in advance. However, this treatment or care must be in the person’s “best interests”.

No one (not even a spouse or others close to the person) can give consent on behalf of adults who are not capable of giving consent for themselves. However, those close to the incapacitated person should always be involved in decision-making, unless the older person has earlier made it clear that they don’t want such involvement. Although, legally, the health and social care professionals responsible for the person’s care are responsible for deciding whether or not particular treatment or care is in that person’s best interests, ideally decisions will reflect an agreement between professional carers and those close to the older person.
Ways of applying active participation to meet individual needs

A crucial aspect of relationship building in your job role is making sure that people are able to make choices and take control over as much of their lives as possible, known as empowerment. This simply means doing everything you can to enable people to do this. Many people who receive care services are often not able to make choices about what happens in their lives. This might be due to many factors, for example their physical ability, where they live, who provides care and the way services are provided.

Individuals who are unable to make choices and exercise control may also suffer from low self esteem and lose confidence in their own abilities. There are other factors which may impact on self esteem and these include the degree of encouragement and praise we are given from important people in our lives; the amount of satisfaction we get from our jobs and whether we have positive and happy relationships with friends and family.

Self esteem has a major effect on people’s health and well-being. Individuals who have a positive and more confident outlook are far more likely to be interested and active in the world around them, than those lacking confidence and belief in their own abilities. Therefore it is easy to see how this can affect an individual’s quality of life and their overall health and well-being.

You can take in daily working activities to give individuals more choice and more opportunities to make decisions about their own lives. There are some aspects of empowerment and participation which are common to many settings and most individuals.

If self esteem is about how we value ourselves then self image is how we see ourselves and both are equally important. As part of empowering individuals you need to consider how you can promote individuals sense of their own identity. This involves making sure you recognise the values, beliefs, likes and preferences individuals have and not ignoring or discounting them as they may not fit in with the care system.

A little thought and consideration can ensure that people feel they are valued and respected as individuals.
For example finding out how an individual likes to be addressed is important. Some older people, for example, like to be addressed by Mr or Mrs and this indicates respect as a result.

You will also need to make sure that people have been asked about religious or cultural beliefs, particularly in relation to eating food, forms of dress which are acceptable and the provision of personal care.

Agreeing how active participation will be implemented

Individuals should be enabled to have control over their lives, how are you going to support them to do this. Person centred approaches are about the service user being the centre of any care plan. Person centred approaches are quite simply getting people a life and not just a service. What is important to that person, what support they need, what are their dreams and ideas for their future?

The General Social Care Council (GSCC) Codes of Practice for Social Care Workers and Employers directs social care workers to treat each person as an individual; respect and, where appropriate, promote their individual views and wishes; and support their right to control their lives and make informed choices. The Nursing and Midwifery Council (NMC) Standards of conduct, performance and ethics for nurses and midwives reflect this thinking by stating that health care workers should listen to the people in their care and respond to their concerns and preferences. Reflect on the diversity of the people you are supporting, enable them to communicate their needs and choices so that they have quality of life.

Demonstrate ways to promote understanding and use of active participation

First you must be sure that you give information in a way that can be understood by the individuals concerned. You must ensure that any specific communication needs are met. For example people may require information in Braille, or to be communicated with using signing. You will need to find out how to change the format of the information, or how to access it in a suitable format.
Promoting choice and empowerment is about identifying the practical steps you can take in daily working activities to give individuals more choice and more opportunities to make decisions about their own lives and the activities they wish to become involved in.

You will also need to consider the circumstances when you pass on information about a particular service or facility. You should take into account the situation of the individual at that particular time. An obvious example is that you would not pass on information about social clubs and outings to someone whose partner had just died. You also need to take into account an individual’s state of health and any medical treatment that may affect the relevance or usefulness of the information.

Make sure that the information is accessible by;

- Presenting it in the most useful format
- Making it available at the right time
- Taking all the circumstances into account.

There are some aspects of empowerment and participation which are common to many settings and most individuals. If self esteem is about how we value ourselves then self image is how we see ourselves and both are equally important. As part of empowering individuals you need to consider how you can promote individuals sense of their own identity. This involves making sure you recognise the values, beliefs, likes and preferences individuals have and not ignoring or discounting them as they may not fit in with the care system.

A little thought and consideration can ensure that people feel they are valued and respected as individuals. For example finding out how an individual likes to be addressed is important. Some older people, for example, like to be addressed by Mr or Mrs and this indicates respect as a result. When individuals want to make choices about their lives, you must ensure that you are doing your best to help them identify any barriers they may meet and help them overcome them. When working with individuals in their own home, it is generally easier for them to make day to day choices for themselves.
When it comes to people, everyone is different. But we can tend to make sweeping generalisations which we think applies to everyone in the same particular group. Therefore in order to provide quality, empowering care, we must take the time to find out about personal beliefs and values and consider all aspects of individuals’ lives. Although you may hold a different set of values of beliefs to the individual you provide care for, you must not impose your beliefs on them. You may need to act as an advocate for their beliefs even if you do not personally agree with them. Value each person as an individual and be sure to be open to what others have to say.

The range of services and facilities that individuals may want to use is large and varied. Once people have the information on what is available, the next stage is to support them to make use of it.

This may involve completing application forms or other paperwork and you may need to support individuals to fill in any forms that are required to access their selected networks or services.

**Overcoming barriers**

There are many barriers which can restrict access or prevent people from using networks, participating in or developing relationships. Information is one of the keys to overcoming barriers. An individual with plenty of accurate and current information is far more likely to be able to challenge or overcome difficulties than someone who feels anxious or uncertain because of lack of information and support. Barriers to access tend to fall into three key categories; environmental, communication and psychological.

Environmental barriers-
- Lack of disabled facilities
- Narrow doorways
- No ramps
- No lifts
- No interpretation of signage for those with a sensory impairment
- Lack of transport
- Lack of ease of access
Communication barriers-
- Lack of loop systems
- Poor quality communication skills
- Lack of translators or interpreters
- Lack of information about the network or facility
- Lack of information in an appropriate format

Psychological barriers-
- Unfamiliarity
- Lack of confidence
- Fear or anxiety
- Unwillingness to accept help in order to access resources or networks.

**Support a person to make informed choices**

If people are to be able to make choices about their lives, they need information about the options available to them. There are many ways of making information accessible to people. These include the different ways of communicating that we have mentioned above, but also ways of presenting information so that people can become more engaged in the planning process. At the moment there are many barriers which prevent the person at the centre of the planning process from being in control.

**Action for person centred planning**

You need to consider:-

- What method or combination of methods will be most useful to the person
- How to give the person ownership and control over information about themselves.
- Allowing enough time to produce information and resources
- Linking with other services to make sure that everyone is consistent in what they are doing
- How to store and catalogue resources, so that they do not get mislaid
- Your own training needs – do you need to go on a signing or ICT course?
There are lots of ways in which the physical space affects communication

- Noise makes it hard to hear, and makes us tense and jumpy
- Furniture arranged in a formal way, in lines or round a table, can make us feel inhibited.
- Big spaces make it hard to hear and see people
- People coming in and out make us feel our communication is not private
- Uncomfortable chairs mean we don’t feel at ease
- Bare rooms mean there are fewer topics of conversation
- Unpainted dirty rooms make us feel devalued and worthless

Big decisions are the outcome of small decisions. Seeing things from the perspective of the person at the centre means being aware of the importance of small changes. Choosing what to wear or where to sit, or what music to listen to may not seem very significant from our point of view - but these small changes can make someone feel effective and in control of a manageable part of their lives.

**How to support the person’s right to make choices**

Making choices for most of us is part of our everyday life. It is an essential part of us being recognised and respected as an individual. Such choices contribute to us having control over our lives and individuals we support also have the right to participate in decisions which affect their lives.

Our practice should recognise the right of individuals to make their own choices. Alongside this, services also need to provide capacity to give their users options. Choosing to 'take it or leave it' is not a real choice. Choice for individuals is now rightly promoted as a quality standard when care organisations advertise their services and forms part of how they are judged. The vast majority of decisions - and perhaps virtually all choices - can ultimately be tackled by most adults if the right information and options are made accessible to them in terms they can understand.
These efforts can involve advocates and other measures to safeguard the choice or decision making and may, for some parties, require considerable time and expertise in communication. Choice is one of the major core elements of person centred approaches.

A person’s rights can range from everyday human rights to civil and legal rights. Legal and civil rights help to eradicate discrimination in our society. There are also other rights which we might consider as being important. We could refer to these as moral rights. Generally these rights may not have the same amount of legal force behind them as the previously mentioned ones. They perhaps depend more on the goodwill and nature of people to recognise and support them, i.e. the right to be treated with dignity and respect, the right to complain. Dependent on the situation, it can also be important to involve someone who knows the individual well. Other situations will be best handled with the help of an independent person. Exercising choice for most people is part of everyday life. It is also a fundamental part of being recognised as individual and being respected as a person. Whether these choices are minor or major they all contribute to having control over our lives. Minor choices are typically taken for granted. Major choices or decisions are those such as where to live, work, whether to have a particular type of medical treatment or even who to be intimate with. These are the ones that can have a big impact and long-term effect on people’s lives.

Choice for consumers is routinely promoted as a quality standard when care providers advertise their services. For politicians and policymakers alike, it has become something of a buzzword. For people receiving care and support services there is often a very real gap between the rhetoric and the experience. Consideration should be given regarding the difference between making a 'choice' and a 'decision'.

Generally speaking, making a 'choice' is referred to when the options are not too important. A 'decision' is claimed to relate to a more fundamental choice which can have a greater impact on an individual’s life.
In order to make a major decision a person should have:

- Access to appropriate and sufficient information
- The capacity to understand the information, the options and the consequences of the various outcomes
- The opportunity to make their decision freely and without any duress or biased encouragement

The vast majority of decisions, and perhaps virtually all choices, can be addressed by individuals if the information and options are made accessible to them in terms they can understand. These efforts can involve advocates and other measures to safeguard the decision making and may for some parties require considerable time and expertise in communication. Sometimes presenting the same information in different ways and small pieces and continually checking understanding can help with progression to an overall understanding and therefore decision. It may well become apparent that the person cannot make a decision completely on their own. In this case, every effort should be made to ensure they have participated in the decision making process to the fullest degree.

Depending on the situation, it may be important to involve a person who knows the individual well. Those close to an individual can teach us a lot about their communication. On other occasions, it may be appropriate to use a person who is completely independent to work with a client, if it is feared that they might be the recipient of the received wisdom of someone who is close.

**Manage risk in a way that maintains the individual’s right to make choices**

Risk is the management of uncertainty, and risk decisions are made without having all the knowledge available on which an accurate prediction could otherwise be made. Risk is usually seen as the possibility that an event will occur, with harmful outcomes for an individual or for others. Such an event may be more likely because of risks associated with:

- Disability or impairment
- Health conditions or mental health problems
- Activities while out in the community, or in a social care setting
Everyday activities, which may be increased by a disability
- Delivery of care and support
- Use of medication
- Misuse of drugs or alcohol
- Behaviours resulting in injury, neglect, abuse or exploitation by self or others
- Self harm, neglect or thoughts of suicide
- Aggression or violence of self or others

A pure health and safety approach to risk identifies 5 key steps:

- Identify the hazard
- Identify the risk (who may be harmed and how)
- Evaluate the risks and decide on precautions
- Record findings and implement them
- Review the risk assessment and update if necessary.

Exploring choice can also expose people to potential risk. Professionals and staff can feel a clear tension regarding choice and empowerment and risk for the individual. Whilst being aware of their duty of care and wishing to empower individuals to take reasonable risks on the one hand, they are acutely aware of being accountable for their actions and can fear a blame culture. Here is where appropriate risk policies have a role to play and organisations should develop a clear definition of risk which looks at probability and consequences. It has been suggested that choice is only meaningful if at least two attractive options are given which both meet a person’s wish or aspiration. If one choice is vastly superior over another (or neither is appropriate) then it is not actively choosing!

In certain circumstances it may not be possible to comply with the wishes of the person in this regard, for example where there are child protection risks or safeguarding risks. Taking risks can help people to learn and gain experience and confidence in leading their lives. Not taking risks can mean that people are not able to develop and grow, and may be prevented from doing things which make them happy.
Therefore people should be supported to make real choices, even when these choices may sometimes be unwise or could lead to harm: provided that the assessment and support planning has been undertaken in partnership with the person, has taken all the relevant factors into account and enabled the person to weigh up the advantages and disadvantages of a proposed course of action, and they are able to make an informed choice. It is important when doing this to find out why the person wishes to make a particular choice, what this will bring to their life, and how their life may be adversely affected if they are prevented from making this choice.

**DID YOU KNOW?**

A car travelling 100 mph would take more than 29 million years to reach the nearest star.

**ACTIVITY THREE**

**Circle the words or phrases you would associate with risk**

- Management
- Informed
- Popcorn

- Action
- Life
- Peanuts

- Choices
- Crisps
- Partnership
UNIT HSC 036: ASSESSMENT

ASSESSMENT ONE

Explain how and why person-centred values must influence all aspects of health and social care work

ASSESSMENT TWO

Evaluate the use of care plans in applying person centred values
ASSESSMENT THREE

Explain how to work with an individual and others to find out the individual’s history, preferences, wishes and needs

ASSESSMENT FOUR

Describe ways to put person centred values into practice in a complex or sensitive situation
ASSESSMENT FIVE

Explain how to adapt actions and approaches in response to an individual’s changing needs or preferences

ASSESSMENT SIX

Analyse factors that influence the capacity of an individual to express consent
ASSESSMENT SEVEN

Explain how to establish consent for an activity or action

ASSESSMENT EIGHT

Explain what steps to take if consent cannot be readily established
ASSESSMENT NINE

Describe different ways of applying active participation to meet individual needs

ASSESSMENT TEN

Explain how to work with an individual and others to agree how active participation will be implemented
ASSESSMENT ELEVEN

Explain how active participation can address the holistic needs of an individual

ASSESSMENT TWELVE

Explain ways to promote understanding and use of active participation
ASSESSMENT THIRTEEN

Explain how to support an individual to make informed choices

ASSESSMENT FOURTEEN

Explain how to use own role and authority to support the individual’s right to make choices
ASSESSMENT FIFTEEN

Explain how to manage risk in a way that maintains the individual’s right to make choices

ASSESSMENT SIXTEEN

Describe how to support an individual to question or challenge decisions concerning them that are made by others
ASSESSMENT SEVENTEEN

Explain the links between identity, self image and self esteem

ASSESSMENT EIGHTEEN

Analyse factors that contribute to the well-being of individuals
ASSESSMENT NINETEEN

Explain how to support an individual in a way that promotes their sense of identity, self image and self esteem

ASSESSMENT TWENTY

Explain how to demonstrate ways to contribute to an environment that promotes well-being
ASSESSMENT TWENTY ONE

Compare different uses of risk assessment in health and social care

ASSESSMENT TWENTY TWO

Explain how risk-taking and risk assessment relate to rights and responsibilities
ASSESSMENT TWENTY THREE

Explain why risk assessments need to be regularly revised

UNIT HSC 036: ASSESSMENT SIGN-OFF

Assessor’s Name: ____________________________________________

Assessor’s Signature:_________________________ Date:____________

Learner’s Name: ____________________________________________

Learner’s Signature:_________________________ Date:____________

Mentor’s Name: ____________________________________________

Mentor’s Signature:_________________________ Date:____________