

A/601/8576

Implement person
-centred approaches
in health and social
care

Standards

Understand person-centred approaches for care and support

Define person-centred values

Values are part of people's everyday lives; they determine how people think and respond to situations. They are a set of moral standards which have been formed by their childhood experiences, families, backgrounds, cultures, religions and relationships. These values could be about beauty, faith, respect, achievement, friendship, love, wealth, loyalty and work quality, to name a few. Our personal values might change as we develop as they can be influenced by friends, circumstances or the media.



Think about

What are the personal values that are most important in your life? What are your morals, ethics, wishes and dreams?

In adult social care, person-centred values are guiding principles on how to support and assist in someone's life. As the term suggests, the person/individual is the focus of attention, i.e. what is important to them as an individual for their life to increase self-determination and improve independence and their quality of life. The individual and their family are seen as equal partners in the planning, assessing and developing of the care so that the individual's needs can be met in the best possible way.

Two important values when providing care and support are:

Privacy - giving someone space where and when they need it



Dignity - focusing on the value of every individual, respecting their views, choices and decisions, not making assumptions about how they want to be treated, working with care and compassion and communicating directly with the individual whenever possible.



In addition, during 2014, 6 values were identified that are vital to nurses and these have now been recognised as applying to health and social care workers. These are known as 'The 6 Cs':

1. **Care:** having someone's best interests at heart and doing what you can to maintain or improve their wellbeing
2. **Compassion:** being able to feel for someone, to understand them and their situation
3. **Competence:** to understand what someone needs and have the knowledge and skills to provide it
4. **Communication:** to listen carefully but also be able to speak and act in a way that the person can understand
5. **Courage:** to try out new things or to say if you are concerned about anything
6. **Commitment:** dedication to providing care and support but also understanding the responsibility you have as a worker



The government has placed person-centred planning on their agenda over the last decade or so. First in 2001 with their 'Valuing People' White Paper, followed by the revised policy 'Valuing People Now' in 2009. The UK government's programme for social care 'Putting People First' (2007) emphasised the importance of quality of life and equality of independent living for individuals. In 2010 the Department of Health published the document 'Capable Communities and Active Citizens' focusing not only on the personalisation of care but also noting the importance of different caregivers and service providers working together, sharing knowledge and skills to provide the best service for the individual. In England, the Care Act 2014 now consolidates this good practice in statute as well as bringing in new reforms to put people in control of their care and support. It aims to embed and extend personalisation in social care as well as increasing the focus on wellbeing and prevention.

The sector-wide agreement 'Think Local, Act Personal' (2011) is a joint commitment of health and social care services to drive forward the personalisation of care. It provides a general framework for how to implement most effectively the government's vision for service delivery in adult social care.

As everyone has their own personal values it is important to make sure that in the workplace all caregivers follow the same values to provide the best possible support and care.

Privacy and dignity have come to the fore person-centred care and support in social care but other important values include:

- individuality
- rights
- choice
- independence
- respect
- partnership

There follows a look at these values in detail to explore what they mean and why they are such an important part of caregiving.

Individuality

Each person has their own identity, needs, wishes, choices, beliefs and values. 'One size fits all' does not work when it comes to providing care and support.

Think of your friends or family; they all are different from each other in their needs and wants, dreams and wishes, strengths and weaknesses, likes and dislikes. They are individuals with unique ideas about how they want to live their lives.

In adult social care it is very important to respect the individuality of each individual. If you focused on a group of people rather than on the single person you could be in danger of treating the individual unfairly, stereotyping or labelling them.

To provide the best possible care for each person you are supporting, you should cherish their individuality by focusing on their personal needs, wishes and values.

Rights

The Human Rights Act 1998 is the main legislation that sets out the rights of people in the UK. You have the right to speak your mind and be kept safe from harm, as well as the right to respect, dignity and equality. You should make sure an individual's rights are respected, not only by yourself but by other people involved in their care. www.legislation.gov.uk/ukpga/1998/42/contents

The main rights relating to social care are:

- **right to life**
- **freedom from torture and inhuman or degrading treatment**
- **right to liberty and security**
- **protection from slavery and forced labour**
- **right to respect for private and family life**
- **freedom of thought, belief and religion**
- **freedom of expression**
- **freedom of assembly and association**
- **right to marry and start a family**
- **protection from discrimination**
- **protection of property**
- **right to education**

In addition to the Human Rights Act 1998, there is other legislation that ensures the rights to equality and protection, for example the Sex Discrimination Act 1975 (amended 1986), the Race Relations Act 1976 (amended 2000) and the Disability Discrimination Act 1995.

Choice

Each individual should be supported to make choices about their care and support. They should be given information in a way that they can understand so they can make informed choices. When working with individuals who cannot express their wants, needs and wishes in words, you must find other ways of communicating. Additional training and supervision can help you to develop these skills.

Choices define people's lives; every day you are making choices about what to wear, what to eat, how to spend your spare time and with whom. Other choices are more far-reaching and relate to job selection and where to live. You are probably taking for granted the ability to make these choices, but imagine how an individual who has care and support needs might feel. Sometimes it is easier for a caregiver in their daily work routine to make choices for them as giving options could be more challenging and time-consuming.



Think about

Case scenario:

Carla, a resident in a care home, has been sitting in front of her dinner for half an hour without touching it, watching it go cold.

Carla does not like chicken but her care worker has told her that the kitchen personnel don't have the time or money to accept any special orders and so she has been given chicken broth today like everybody else. Carla is too afraid to complain as she is relying on the support of the worker in her day-to-day life. Imagine how Carla's feelings of self-worth and self-esteem would suffer under such treatment. Imagine how you would feel if people you are depending on were not allowing you to choose what to wear or to eat because of practicality.

The ability to make decisions gives you control over parts of your life, which is extremely important for your mental and emotional wellbeing.

When working with individuals who cannot articulate their wants, needs and wishes, it is vital that you find other ways of communicating so you can enable them to make choices.

Privacy

Each individual has a different view of what they see as their personal space so it is important to find out from them what is comfortable for them. In general these are some examples of ways that you should protect their privacy:

- always ask individuals before touching them in any way
- knock on the door or speak before you enter the particular space or room they are in
- if your role involves supporting individuals to wash or dress make sure you protect their dignity and privacy by making sure curtains, screens or doors are properly closed
- clothing or hospital gowns should always be arranged in a dignified way
- if someone needs support to go to the toilet they should not have to wait or be left too long for you to return

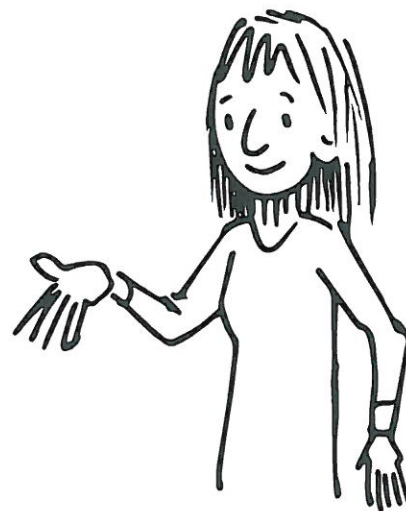
Everyone feels the need for privacy at times: a private room they can go to or time to themselves when they can do what they like. Some people have a stronger need for privacy than others; this can be influenced by their character, hobbies or circumstances.

Privacy does not only mean space away from others but also confidentiality. People do not like their personal issues being discussed in public, for example. Part of providing good care and support involves building trust and confidence and having the best interests of individuals in mind. Take great care not to discuss personal information where others might overhear or by using too loud a voice. Personal information

includes things like their health conditions, sexual orientation, personal history or social circumstances. Individuals may tell you other private information that they trust you to keep to yourself. Unless it is necessary to pass this on for health and social care reasons it will help to build trust if you keep this confidential.

Confidentiality is a very important right of individuals who receive care and support. Information should always be shared on a need-to-know basis only, for example with other workers involved in their care. You should not share information with anybody else, even the person's family or friends, without their permission. For example, an individual may not want a friend to know about their health or if they have been unhappy.

Respecting an individual's privacy means giving them space where they need it and treating them in a dignified way. People who have their privacy infringed will feel belittled, patronised, devalued and ashamed. By giving people privacy you show that you value and respect their individuality.



Independence

Promoting an individual's independence means to look at what they can do and empowering them to do as much as possible for themselves. It does not mean leaving someone to cope alone but agreeing the support they need and want.

Independence is defined as the freedom from control, support and aid of others. If you take this definition as a basis, no one of us is truly independent; people are all controlled in some ways and need the support and aid of others at times.

However, the level of independence varies greatly from 1 individual to another. When working in adult social care you will be supporting people who may be dependent on you in some ways. It is your duty to ensure that they will still be able to decide or do things for themselves.

You will notice already how all the different person-centred values are interrelated and no one stands alone. Independence is associated with individuality and choice. Choice is closely linked to dignity and respect.

Supporting an individual to be as independent as possible puts the emphasis on what they can do rather than on what they are unable to do, thereby improving their self-image. This allows the individual to feel more in control of their life.

Dignity

Treating somebody in a dignified way means to treat someone politely and with respect, valuing their individuality and ethical and moral standards. To provide dignified care you need to have an open and positive attitude.



Think about

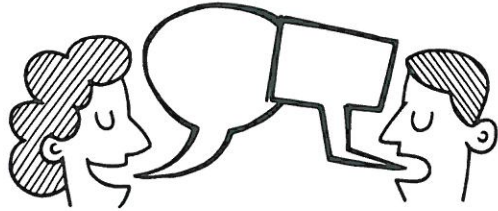
Case scenario:

Robert is 85 years old and living in a residential care home. Having had a stroke he needs assistance in using the bathroom.

Robert asked his care worker half an hour ago to support him to go to the toilet but the care worker was busy carrying out other tasks at the time and later forgot about it. Robert did not want to ask again as he has always been a proud and independent man and doesn't want to be a burden on anybody. Five minutes ago he couldn't hold on any longer and is now sitting in his wheelchair with a wet patch on his trousers.

Imagine how Robert would feel now, his dignity has taken a blow. How could you handle the situation without causing even more embarrassment for him? How could you ensure that this doesn't happen again on the part of the workers and reassure Robert that this was not his mistake and should always ask for help again?

Respect



Respecting someone means believing and showing that they have importance as an individual. It means that they have their own opinions and feelings and that even though you may not agree with them, you do respect them.

Only when you are respecting and valuing people for who they are, will you be able to treat them in a fair, just and dignified way.

Only when treated with respect are people able to form a trusting relationship where they feel understood and valued. Respect is reciprocal: only if you show respect can you be respected. Also by showing respect to someone it might have a positive influence on other people's thoughts and behaviour.

Therefore, your attitudes and actions could have a big impact on how individuals perceive themselves and are perceived by others.

Partnership

You work in partnership when you involve the individual and their family and work alongside other workers.

The key to a successful partnership is good communication and trust; valuing and respecting what others have to say.

But working in partnership doesn't end there; the individual's family is an important source of guidance and information as they are often the people who know the individual best. When working in adult social care you will also have working partnerships with other care workers and health professionals such as doctors, therapists, psychologists and social workers.

The key to a successful partnership is effective communication between all parties, a trusting relationship with all parties valuing the others' input and the ability to formulate and agree on goals and objectives. There has to be an atmosphere where joint working is considered an advantage for gathering as much information and as many viewpoints as possible with everyone feeling equally valued.

Explain why it is important to work in a way that embeds person-centred values

The safeguarding and wellbeing of individuals are very important. As far as possible, you should get to know each individual: their background and ideas, wishes, likes and dislikes. You should always provide personalised care and support that puts an individual at the centre of their care. You should enable them to be as independent as possible and respect their privacy and dignity. As well as contributing towards general wellbeing, working in this way reduces the risk of an individual being treated in a way that is degrading or harmful.

The person-centred approach was developed from the theory and workings of the American psychologist Dr. Carl Rogers (1902-1987). He revolutionised psychotherapy in the 1940s by moving

away from the previously accepted assumptions that the worker was the expert who knows what is best for the client, to the understanding that every person has an innate drive to fulfil their personal potential.

The person-centred approach entails a holistic view: you are looking at the person as a whole not just at one aspect of their care. The person is respected as an individual and listened to in order to meet their needs. The relationship between caregiver and individual is a working partnership; the individual is treated with dignity and respect and supported in making informed choices about their care and life.

In meeting the needs of the individual and treating them as you would want to be treated, you are able to provide the best quality of care and thereby enhance the individual's quality of life.

Explain why risk-taking can be part of a person-centred approach

Every day people take risks, for example when crossing the road or using a sharp knife to slice an apple. Sometimes they also might be taking unnecessary risks, like going abseiling or scuba-diving, smoking and drinking alcohol. Taking risks is what makes people's lives interesting and exciting. It enables learning and understanding and also helps people to challenge themselves and their abilities. Some people even feel that the greater the risk, the greater the reward at the end.

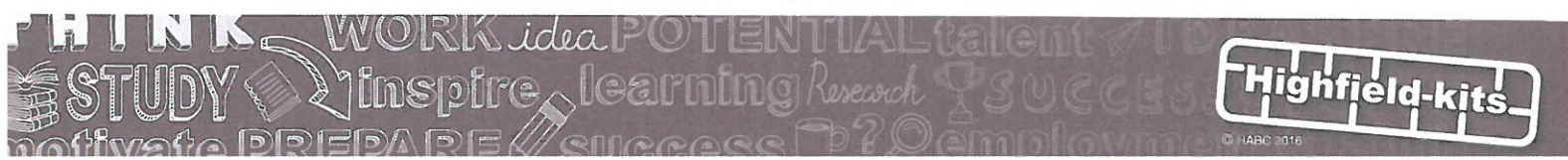
Risk-taking doesn't only refer to your health; it might be your wealth or reputation you are putting at risk. When talking about risk-taking in adult social care it not only refers to health risks; budgeting risks might be an issue too, for example if an individual plans to engage in the stock market or put a large bet on a horse race.

As protective as you might feel about the individuals you support and care for, risk-taking is part of the individual's right to make choices. It is crucial to empower the person by making the risks clearly understood so they can make informed decisions. The individual needs to be seen as the expert in their own life, who knows how to best gain and improve the quality of that life. Sometimes religious faith might be the reason for taking risks.

Jehovah's Witnesses, for example, refuse blood transfusions in accordance with one of their core beliefs.

The Department of Health has put a great emphasis on 'personalisation' which is a social care approach to give individuals choice and control over their support and care. To give real choice and control, the individual needs to be supported to take risks, especially in their care, support and personal budgeting. Other person-centred values that relate to risk-taking are independence, respect and dignity.

The person-centred approach enables the individual to have the lifestyle they wish, even if that includes making choices that you might think could lead to accidents or harm in some way. The social care terminology for this is 'risk enablement'.





Think about

Case scenario:

Andy has autism and a learning disability and lives with his parents. When he decided he wanted to go to college away from home, people close to him were worried about how he would cope with the course, budgeting and daily life. They were also extremely worried about his vulnerability towards abuse and exploitation. Andy made clear that it was important for him to go, so it was decided that the importance of living the life he wanted outweighed the potential risks. Andy went away and within a few months he lost quite a lot of money to 'friends', thinking he had given them a loan. Andy found support from trustworthy people who accompanied him to the police so he could file a report; they also helped him to learn from the episode so he would be more wary of exploitation. Andy feels that this episode has helped him gain confidence and learn about trust. 'People learn by making mistakes. I needed to make mistakes too so I could learn.'

Explain how using an individual's care plan contributes to working in a person-centred way

The person-centred way means working together with the individual to plan their care and support to meet their unique needs. This cuts down the risk of negative, unfair or harmful treatment and neglect.

The individual is put at the centre, able to choose and control how they want their care and support to be. Person-centred planning is used in social care and has 4 key rules: www.skillsforcare.org.uk/Standards/Care-Act/Learning-and-development/Person-centred-care-and-support-planning.aspx www.skillsforcare.org.uk/Learning-development/Learning-and-development.aspx

1. The belief that an individual can plan for themselves. The focus needs to be on their strengths and abilities; for example, an individual who wants to make their own decision about which mobility aids they would like to use to support them to walk short distances rather than use their wheelchair.
2. The care plan is written in the first person to make clear that it is the individual who owns it; for example, 'I would like to try a walking frame when I am moving around the house and for short distances outside rather than using my wheelchair'.
3. The individual has as much control as possible over the choices they can make; for example, the individual is supported to try to use the walking frame.
4. The plan is there to make the individual's life better, not to fit them into an existing service. For example, the best frame possible is found for them within the budget available or they are able to find a frame from somewhere else if necessary.

In health organisations the delivery of person-centred care focuses on the following priorities:



Compassion, dignity and respect – these values are essential when involving people in their own care.

Shared decision-making – this sees individuals as equal partners in their care.

Public involvement – this involves people in decisions about the design and delivery of services, for example by involving communities in making decisions about what services they need in the area. To provide care and support that respects the individual's wishes, needs and preferences, you will need to find out what you can about them, depending on your workplace. Taking time to find out about their personal history, by talking with them or reading any information you have will give you a deeper insight into their likes and dislikes. This will help you put together a care plan with the emphasis on the individual. The care plan should be a tool to ensure that you are putting person-centred values into practice in a way that is meaningful for the particular individual and that you are providing care that is focused on them.

The changing needs of the individual

Care or support plans are an important source of information as they are dynamic records that are constantly reviewed and updated in response to changing needs and preferences. A review will look with the individual at what is working, what doesn't work and what might need to change. For example, if an individual is unable to eat certain foods due to a new type of medication they are taking, their diet will need to change but still reflect the things they would like to eat.



Workers changing shifts, returning from holidays, temporary and agency workers will always have up-to-date information on the individual, enabling them to provide the best possible person-centred care. A care plan will also enable them to know how to provide care and support for those individuals new to them.

Care plans are safely filed with their main service provider, so that workers who are caring for individuals on a daily basis have easy access to the information they need. Care plans are the result of shared decision-making between the individual and service providers, so the individual is actively and equally involved in their own care.

Other workers such as doctors, therapists and social workers, should be involved and share the same knowledge on how the individual receives support from different services, this helps them work more efficiently as a team. It also means that the individual doesn't have to repeat themselves to every service provider and staff fluctuation doesn't affect the care and support given. Any bank staff, who might not have the time to get to know the individuals, are able to start communicating with and supporting the individual effectively without delay.

*Be able to work in a person-centred way***Find out the history, preferences, wishes and needs of the individual**

It is extremely important to find out about the individual's history, preferences, wishes and needs to provide person-centred care. Working in partnership with the individual, their family and friends and other workers is vital for gaining a holistic picture of the person.

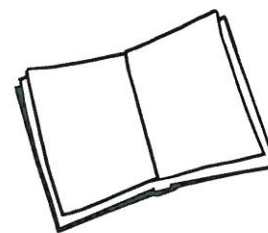
The first and most obvious step in gaining knowledge about an individual is by talking to them. If they are capable of telling you about themselves this is a primary source of information; if you are able to gain their trust and cooperation then they will be able to provide you with invaluable information. You will need all your communication skills to hear what they are saying and interpret their non-verbal messages to get a clear picture. You might also need to use alternative ways of communication other than verbal.

If the individual is incapable of communicating, their family and friends might be able to provide you with some of the information you need. They already have an established trusting relationship with the individual and will be able to

provide more in-depth and contextual information than any care worker. They may know the person's history, their medical needs and their preferences. It is important, though, not to discuss individuals with family members and friends without their consent.

The third source of information could be other workers supporting the person. GPs, therapists and social workers will be able to share their knowledge about the individual with the aim of providing the best possible quality of care. The working partnership of different health and social care workers sharing information, and thereby improving the coordination and provision of care, is called a multi-disciplinary service.

Lastly, if the individual has been supported for a while, there might be an individual needs assessment which will look at a range of different requirements to be assessed, for example emotional, social and physical needs. There might also be care or support plans already in place that give information on the day-to-day care of an individual. From these plans you would be able to find the information you need to support the person, but this should not replace building a trusting relationship with them where they feel comfortable to discuss their history and wishes themselves.



Apply person-centred values in day-to-day work taking into account the history, preferences, wishes and needs of the individual

Once the history, preferences, wishes and needs of an individual have been established a worker can support an individual to put together their care plan, or support plan. Involving the individual in their care is known as self-directed support, or choice and control, as it enables them to take ownership over part of their life.

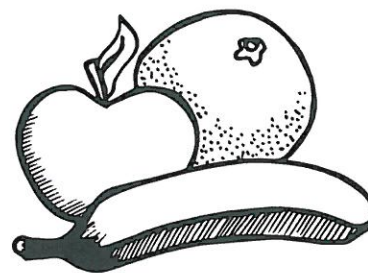
The care plan is a concise written document that needs to be drawn up for each individual a service provider is dealing with. It needs to be easily accessible for the necessary staff, but stored safely for confidentiality reasons. When drawing up a care plan it is important to keep the key features of person-centred care in mind:

1. The person is at the centre: person-centred care is rooted in the principles of rights, independence and choice
2. Family members and friends are full partners: person-centred planning puts people in the context of their family and communities
3. Person-centred care reflects an individual's capacities: it includes what is important to a person (now and for the future) and specifies the support they require to make a valued contribution to their community
4. Person-centred care builds a shared commitment to action that recognises a person's rights
5. Person-centred care involves continual listening, learning and action: it helps the person get what they want out of life

The format of a care plan will vary but it will always give information on every aspect of the individual's daily life. The format should be linked with the assessment of needs and take into consideration the individual's preferred way of communication, e.g. they should be accessible in their first language or Braille.

The main information a care plan might give is:

- **name, address, DOB., name of the social worker of the individual**
- **personal background**
- **activities they like and their most important relationships**
- **main difficulties and concerns and how they impact on their lives (e.g. mobility, communication)**
- **preferences regarding support and care**
- **things that are going well and not so well in their life**
- **goal for changes in their life**
- **weekly timetable**
- **any other important information (e.g. dietary needs)**



The person-centred approach encompasses the idea that everyone has an inner wish to fulfil their personal potential. In a safe, non-judgemental and compassionate place the individual can think about what is important to them and make the best decisions.

It is important that individuals are supported to plan for their future wellbeing and fulfilment so that their quality of life is improved, even if they are only in short-term care.

Holistic wellbeing includes:

- personal dignity (including treating someone with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including the way care and support is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Individuals should be encouraged to express themselves and to change their mind about things when they want to. It is important to take time to talk about their needs, what they want and also what they don't want. This is especially true for end of life care where a person might not be able to voice their wishes as they could before. You will then need to use different ways

of communicating. This may also involve working with an advocate who is able to express the individual's wishes on their behalf if they are unable to communicate the information themselves. Ideally the individual will have planned ahead and expressed what they would like to happen within their care if they cannot decide for themselves anymore. This is called advance care planning (ACP) and is backed by the Mental Capacity Act 2005. www.legislation.gov.uk/ukpga/2005/9/contents

An advocate seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- have their voice heard on issues that are important to them
- defend and safeguard their rights
- have their views and wishes genuinely considered when decisions are being made about their lives

The care plan will also state which services are provided by which organisations or individuals to meet specific objectives, the costs, the time frame, criteria for measuring the achievement of the objectives and a review date, naming the people responsible for the review.

A care plan should also include a risk assessment, so the right balance between safeguarding and supporting independence can be found, and a section where the individual consents to their information being shared with other workers involved in their care.

Be able to establish consent when providing care or support

Explain the importance of establishing consent when providing care or support

The section will look more closely the agreed way of working to obtain consent. When working in adult social care you have to gain consent before engaging with the individual in any way. Therefore, even plumping up someone's pillows or taking a pulse should only be done after having asked for consent. Consent means informed agreement to, or approval of, an action or decision, particularly after thoughtful consideration. To make an informed decision, the individual needs to understand fully what they are consenting to, including the repercussions it might have. For example, if a person is prescribed antidepressants they need to be informed about possible side effects.

It is your responsibility to ensure that the individual you are caring for understands what you want them to consent to, by communicating in a way that the individual is capable of understanding. If the individual does not have the mental capacity to consent, a lawful representative (e.g. family member, advocate or guardian) could consent on their behalf.

The process of establishing consent will vary according to an individual's assessed capacity to consent and the situation. Consent may be implied, written or verbal and has to be given voluntarily.

If you want to plump up cushions it is obviously enough to ask the person for their consent; they don't have to sign a

form for this. Other aspects of their support and care might require written consent, for example the sharing of private information or the agreement on medical treatment. In these examples it is also important to give the individual, in addition to understandable facts, enough time to think about this information and ask questions to come to a decision.

Rather than being a one-off arrangement at the beginning of the supporting or caring relationship, consent is a process where the individual should be constantly involved in any proposed changes in their care. This needs to be done in a way that the individual understands fully where they stand at each moment and in every aspect of their care.

Consent embraces the person-centred care values of individuality, independence, respect and choice. Only if you provide information in a way that respects someone's individuality can they act independently and choose whether to give consent or not.

Apart from valuing the individual's rights, consent also protects service providers against legal action. Merely touching someone without their consent could, under civil and criminal law be deemed battery or assault, even when you have been trying to help the individual.

One example of battery is the case of an individual requesting the name of the drug they were given. When the carer told them the nature of the medication, they rejected the drug and asked for a doctor to be consulted. Subsequently, the care worker told the individual that the medication had been changed so they consented to taking it. When it later turned out that the drug had not been changed the care worker was charged.

Establish consent for an activity or action

The individual you are supporting might show their consent in a number of different ways. It might be implied, verbal or written.

- Implied consent means the individual is cooperating with you, for example, when they are supported to eat, they open their mouth as the spoon gets near
- Verbal consent is given when you ask an individual if they are happy with a procedure and they answer positively
- Written consent is a signed agreement. It could be an actual consent form, but is often a document outlining the treatments, procedures, support or care to be given and is signed by the individual to show agreement

For any of these forms of consent it is important that the individual understands fully what they are consenting to, the pros and cons, alternatives, possible outcomes and consequences of refusing consent. You might like to take the person to a quiet room to give them privacy while they are deciding; they also might want to have a trusted friend or relative with them to

discuss matters. It is important to allow time so the individual can ask questions to clarify certain points.

Using your communication skills and asking open questions to check understanding will further ensure that the individual is fully aware and can make informed decisions. All communication with the individual concerning the obtaining of consent should be recorded in a transparent way.

If the individual is incapable of giving consent, a representative or advocate may consent on their behalf. This person would have to ensure that they are acting in the individual's best interest and in a way that is least intrusive to the individual's chosen way of life.

Explain what steps to take if consent cannot be readily established

Mental capacity is a term used to describe an individual who has the ability to make their own decisions. Having mental capacity means that they are able to understand information and make an informed decision or choice. All individuals have the right to make their own decisions. However, sometimes it is assumed that because they have a condition that can affect their cognitive abilities they are no longer able to make their own decisions. By assuming a person has capacity, opportunities can be provided that enable the person to make their own decisions which helps them to feel empowered, confident and in control.

knowledge

'Advance statements' ensure that an individual's wishes are taken into account in the future. This is often referred to as 'advance care planning'. The purpose is to enable an individual to make choices and decisions about their future care and support in case there is a time when they are unable to make these decisions for themselves, for example in the later stages of dementia. This can ensure that an individual is not given any care or treatment that they do not wish to receive but will receive the care they wish to have.

Many employers will provide further training, guidance and/or supervision to help health and social care workers understand mental capacity issues. Speak with your manager about opportunities to learn more about this important area.

Making an assessment of capacity

1. Does the person have a mental health condition? This can include, for example, conditions associated with mental illness, concussion, or symptoms of drug or alcohol abuse.

If so,

2. Does the condition mean that the person is unable to make a specific decision when they need to? You should offer appropriate and practical support to achieve this before applying this stage of the test.

The Mental Capacity Act 2005 states that a person is unable to make their own decisions if they are unable to do one or more of the following:

- understand information given to them
- retain information long enough to be able to make the decision
- weigh up the information available to make the decision
- Communicate their decision – this can be through verbal communication or by using sign language or simply blinking an eye

It is essential that the individual is supported to find ways of communicating before a decision about their capacity is made. This might involve family, friends, carers and other workers. An assessment should be made based on the balance of probabilities. For example, is it more likely than not that the person lacks capacity?

There are 5 key principles that everyone must follow when assessing capacity, these are:

1. Always assume that the person can make their own decision
2. Ensure all possible support is provided to make sure the person can make their own decision
3. Do not assume someone cannot make a decision because you feel they are making an unwise or unsafe decision
4. If it has been identified that the person cannot make a decision, someone can make a decision that is deemed to be in that person's best interest

5. If a person makes a decision on behalf of the individual, this must be the least restrictive option

If you are supporting a person who is struggling to make decisions, it is important that you apply the 5 key principles. An assessment of capacity may need to be made when a person is unable to make a particular decision at a specific time. The Mental Capacity Act 2005 applies to supporting an individual to make both day-to-day decisions (for example what to eat) and complex choices such as around care and support or managing finances.

A mental capacity assessment is decision-specific and the principles must be applied to individual decisions. It is important to remember that an individual may lack the capacity to make a specific decision, such as around their finances, but this does not mean that they lack capacity to make all decisions.



Be able to encourage active participation

Describe how active participation benefits an individual

Even in a society that emphasises the importance of gaining consent and providing person-centred care, many individuals may feel that they don't have a say in their care or support, especially adults with considerable needs who are often marginalised and excluded.

Active participation is a way of working that supports an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is an active partner in their own care or support rather than being passive. They are the expert who knows best the way of life that matters to them and the worker listens and takes this into account at all times. For example, when it is a birthday or a special occasion, asking an individual if and how they would like to

celebrate rather than making assumptions or telling others about the occasion without their permission. Taking control of their care and support helps an individual build their identity and self-esteem. You should also keep equality and diversity in mind, giving every individual an equal opportunity of achieving their goals, valuing their diversity and finding solutions that work for them.

Participation has 2 parts to it: the inner part that involves the heart and mind being aware and engaged and the outer part of saying and doing things. Participation is therefore a holistic activity that unifies mind and body: to participate you have to know that you can participate and you have to want to participate.

When asked which type of care and support is more beneficial for the individual, passive treatment or active participation, you would instantly name the latter. But why is it more beneficial?

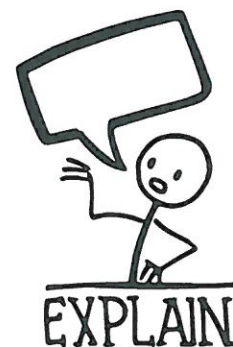
Here are 2 case scenarios:

Adam is 38, has mild learning disabilities and lives in 24-hour learning disability accommodation. He is very fond of animals and has on numerous occasions expressed the wish to be a zookeeper when he is grown up. Support workers have managed to find a small petting zoo nearby whose owner is prepared to give Adam work experience for 10 hours a week. Today has been his first day and he left the accommodation in the morning with a big smile on his face, showing off his new uniform to other residents. When you pick him up 5 hours later he is very happy and excited, telling you all about the animals and the work that he has performed during the day.

Betty is 72 and lives in a care home. She has always led a very active life before moving into residential care, but after a few incidents of being found wandering the streets in her nightgown and looking confused, she was diagnosed with having the early stages of dementia and judged unable to stay in her home on her own. Betty is very religious and would go to church every Sunday morning when she was living alone; she also frequently attended the church's afternoon tea and dance to meet up with friends and to do a neat bit of dancing. Unfortunately, the care home is understaffed so no one finds time to take Betty out for church or to see her friends.

Because of her dementia, workers don't allow her to go out by herself as they fear for her welfare. Most days Betty sits by herself in a chair in the corner and watches the birds in the garden. Her memory loss and confusion have deteriorated substantially and she says quite often that she doesn't want to live any longer.

These scenarios show the importance of active participation for wellbeing. Adam has got the benefit of being active and social, engaging in new relationships. He is able to go out and gain new knowledge and skills, increasing his independence and autonomy and giving him new purpose. He is more involved in the community rather than staying within the boundaries of his accommodation and achieves a greater level of awareness of possibilities and opportunities he might have in life. He gains a sense of achievement which positively influences his confidence and feelings of self-worth and self-belief. Adam feels empowered to have control over his life, thereby decreasing his vulnerability and the likelihood of abuse. Betty may feel as if she is a spectator of her own life as a lot of the control she had over making decisions has been taken away from her. How would this influence her feelings of self-esteem and self-confidence?



Identify possible barriers to active participation

If active participation is so beneficial and life-enhancing for the individual, why is it that some adults in social care are still unable to engage actively in some everyday life situations?

There are a number of barriers to active participation, some of which include:

- **poorly trained or understaffed workforce**

- **strict routines in the services provided**

- **care/support workers' attitudes and approaches**

- **an individual's physical disability, e.g. a person who uses a wheelchair**

- **an individual's learning disability, e.g. dysphasia, problems in understanding spoken language**

- **an individual's visual or hearing needs**

- **an individual's mental health condition, e.g. anxiety disorders**

- **an individual's attitude towards the service provider**

- **an individual's memory problems, e.g. dementia**

Some of the barriers will be easier to overcome; others might need a lot of expertise and a wide variety of communication skills.

Demonstrate ways to reduce the barriers and encourage active participation



If active participation is very beneficial for each individual how can you encourage individuals to take part in activities? When do you want to participate in something? Usually it will be when you feel comfortable with the other participants and when there is a personal incentive to become involved.

In adult social care the incentive for the individual is gaining independence, power and control over certain aspects of their life, through socialising and being active. Want to enhance their quality of life, they need to know what choices they have and also what positive gains they will get from them. If an individual is lacking the confidence and self-esteem to believe that their life could be a better and happier place, they will need a lot of encouragement, reassurance and praise to build up their feeling of self-worth.

They might need to take small achievable steps to develop their confidence. Family, friends and peers might be called upon to provide additional encouraging support.

For them to want to achieve this in partnership with you, you have to be able to develop a trusting, non-judgemental relationship where the individual feels

comfortable to tell you about their needs, wishes and dreams without them being dismissed or belittled. The environment has to be such that the person feels safe to speak up for themselves. Your role is to listen to the individual, giving constructive feedback, making suggestions and assisting them in achieving their goals. Sometimes you might also need to use gentle persuasion techniques, highlighting the benefits for the individual.

Service providers need to ensure that they have a good variety of activities to choose from and that information is given on each activity to ensure that individuals are fully informed and are able to provide their consent.

You have to keep the values of equality and diversity in mind: try to give every individual an equal opportunity of achieving their goal while valuing their diversity by finding ways of encouragement that will work in their unique situation.

Carl Rogers, the American psychologist, who developed the person-centred approach, suggested that there needed to be 3 core conditions to provide effective support.

These are:

1. **Unconditional positive regard (UPR)** - a positive, non-judgemental attitude
2. **Empathy** - picking up and reflecting back the feelings of the individual
3. **Congruence** - the genuineness, realness or authenticity of the care giver/supporter

This means, a good rapport with the individual is key for a person-centred partnership where they are eager to participate actively.

The ability to have control and care for oneself contributes to privacy and dignity. Skills for Care and Skills for Health have developed the Common Core Principles for Self-Care. The purpose of the principles is to enable all those who work in health and social care to make personalised services a reality. They put people at the centre of the planning process, and recognise that they are best placed to understand their own needs and how to meet them. You can find them here: www.skillsforcare.org.uk/Skills/Self-care/Self-care.aspx

When working in health or social care you need to be positive, open-minded and show respect for other people's attitudes and beliefs, especially when they differ from your own. Your job is to care for the physical, emotional and spiritual wellbeing of an individual and allow them, as far as possible, to live their life the way they choose or to get back to the best health possible to allow them to do this.

Reflecting on your own attitudes and beliefs is crucial to making sure that you do not allow them to affect your quality of work. Prejudice and stereotyping have no place in health or social care and should always be challenged. Stereotyping means to have an opinion about a group and applying this to anyone belonging to this group, for example no woman can park a car. Prejudice could mean to not like someone just because of the group they belong to.

Be able to support the individual's right to make choices

Support an individual to make informed choices

To promote the dignity of all individuals they should be fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about their care or support.

Choices can only be made if people have information. If they know the options, the risks and possible implications they can make the choice that is right for them. This is 'informed' choice. Sometimes decisions are difficult even when an individual has all the available information. There are a number of ways that you could help the individual to make an informed choice. You can explain information, find people who can share their experiences or ask for the help of specialist workers. It might also support them to involve other people they trust like friends or relatives. An advocate might be an additional option to help someone to make a decision where they need additional help to understand and consider their options and the risks.

Sometimes an individual may not be able to understand and retain the information they need to make a decision or communicate their choice. If this is the case they may lack the mental capacity to make the decision.

The individual may be able to make day-to-day decisions, for example, what to wear and what they want to eat, but not able to make complex decisions for

example about money or medical issues. In situations where you are not entirely sure about the individual's capacity, please seek additional advice or guidance.

When talking to the individual about their choices you should always encourage questions and listen carefully to the remarks being made. If they want to seek a second opinion you should support them in their wish. They might also want to talk to the manager or supervisor to hear their views.

If the person is unhappy with the choices they are being offered you should inform them about their right to complain and introduce the service provider's complaints policy and procedures.

Use agreed risk assessment processes to support the right to make choices

UNDERSTAND

Taking risks is what makes people's lives interesting and exciting. It enables learning and understanding and also helps people to challenge themselves and their abilities. As protective as you might feel about the individuals you support and care for, risk-taking is part of the individual's right to make choices. It is crucial to empower the person by making the risks clearly understood so they can make informed decisions. The individual needs to be seen as expert in their own life, who knows how to best gain and improve the quality of that life.

When looking at options, risk assessments are a legal requirement and will give clear guidance on how to keep people safe and prevent danger, harm and accidents. Every individual should have a risk assessment as part of their care, support, rehabilitation or treatment plan. This will have information on the person's daily care and support, for example personal hygiene or mobility, and how best to protect them and others from harm.

A risk assessment contains information on possible hazards to do with the care and support provided and steps that need to be taken to control any risks.

The Health and Safety Executive (HSE) propose 5 steps to risk assessments: www.hse.gov.uk/risk/controlling-risks.html

1. Identify the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement the controls
5. Review your assessment and update if necessary

If a new activity is going to be introduced, the 5 steps of risk assessment must be followed first. Everyone's choices are shaped by things like their background, values, culture, religion or past experiences. Equally, everyone has the right to weigh up and take risks that they believe will make their life enjoyable and worthwhile. As a worker you can give your view but it is the individual's right to make a choice and take any risks once they understand all the information available and are fully aware

of the risks. Risk enablement involves supporting individuals to identify and assess their own risks and then enabling them to take the risks they choose.

Explain why a worker's personal views should not influence an individual's choices

Your experiences, attitudes and beliefs are part of what makes you who you are. They affect how you think, what you do and how you do it. Your background, upbringing, experiences and relationships will all have played a part in the way you see things. These attitudes and beliefs may have led you to choose to work in health or social care but sometimes they could lead you to assume things about people that are not right. It is important that you develop self-awareness so that you can learn to check that this does not happen. You should take time to learn about and understand the different attitudes and beliefs of others so that you can work with individuals in a way that takes these into account.



Think about

How often has it happened that friends or relatives have told you about a decision they have made and you thought: I would have done that differently? How often have you heard other people say that to you? Have people tried to persuade you to change your mind because of their views? How did that make you feel?

As already established, when talking about person-centred values, people's choices and preferences are influenced by their background, values, morals, culture, religion and past experiences. Everyone is an individual and their decisions are unique to them. Sometimes other people understand 'where we they coming from'; sometimes they don't.

When working in adult social care you cannot rid yourself of personal views as they are part of what defines your personality. You are within your rights in expressing your views to the individual and discussing possible outcomes, if you feel the decision they have made is risky. However, as it is the individual's right to make choices and take risks. You should not try to influence them, once you have given them all information available.

If the individual has the capacity to make an informed choice you have to respect and accept their decision. If you were trying to influence the individual in their decisions you wouldn't be meeting their needs, which could lead to stress and frustration, lack of motivation and subsequently lowering of their self-worth. In such a situation your assumptions about appropriate or expected behaviour for the individual would be influencing your view of their decisions.



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

Although the person-centred approach in adult social care tries to involve the individual in the planning of their care and support as much as possible, there might be times where they are unhappy with decisions that have been made on their behalf.

These decisions could concern a referral to a secure unit or supported accommodation, a change in medication or an activity considered too risky.

As the planning for care and support happens in partnership with an array of other workers and professionals and persons involved in the individual's care, these decisions might have been made by:

- colleagues
- social worker
- occupational therapist
- GP
- speech and language therapist
- physiotherapist
- pharmacist
- nurse
- specialist nurse
- psychologist
- psychiatrist
- advocate
- dementia care adviser
- family or carers

If someone has made a decision concerning the individual's life, support or care that they feel uncomfortable with, you should support them in questioning and challenging these decisions. First, you will need to make sure you know and comprehend all the facts and reasons behind the decision so you can check that the individual understands fully why it has been made.

Encourage comments and questions and listen carefully to what is being said. You could suggest to the individual that they should get a second opinion or talk to the manager or supervisor.

If they still remain sure that they want to challenge the decision, it is your duty of care to enable them to take their complaint further, advise them about the complaints policy and support them in following the complaints procedures. Ensure that you familiarise yourself with the complaints procedures of your workplace so you know how your organisation expects you to respond to them. It is very important that complaints are dealt with as quickly as possible and the procedures are easily accessible to the individual.

If an individual wants to make a complaint you should take them to a quiet room to give them privacy. You must also ensure that you outline the confidentiality policy to state that you may need to pass on details that are given to you if there is a risk to the safety of the individual or others, making sure that the individual

understands. You should then listen to the complaint calmly and actively, assuring the individual that you are taking their feelings seriously. You should not judge or engage emotionally but be polite and attentive. If appropriate, you could apologise to the individual and try to defuse the situation, but do not try to resolve their problem at this stage. Explain to them the complaints policy that is in place and offer your support. Clearly explain whom the complaint should be made to and assure them that you will let them know about the outcome of the complaint. Thank them at the end of the conversation and inform your line manager about the conversation as soon as possible.

The individual might ask you to act as an advocate for them. Advocacy enables the individual to appoint a person to speak on their behalf and make sure that their wishes and needs are being heard. An advocate is the voice of the individual; they express the individual's views and fight for their rights if necessary. They explore other choices and options for the individual by retrieving information and accessing services.

Any changes that come about as a result of a complaint need to be safe for the individual and everyone else involved in their care. These changes can only be introduced in agreement with your manager or supervisor and should be recorded on the individual's care or support plan.



Wellbeing is the term used to describe feeling comfortable in one's life. It can relate to many aspects of life.

- **Spiritual** - finding meaning and purpose in life (this could be through religious faith)

- **Emotional** - how people feel about themselves

- **Cultural** - people's sense of belonging

- **Religious** - people's our faith and beliefs

- **Social** - people's relationships

- **Political** - peace and stability in a person's homeland

- **Sexual** - people's intimacies

- **Physical** - leading an active life

- **Mental** - realising their potential and ability to contribute to society

Describe attitudes and approaches that are likely to promote an individual's wellbeing

As a person's wellbeing influences their identity, self-esteem and therefore their self-image all attitudes and approaches that support an individual to build a positive sense of identity and self-esteem will contribute to their wellbeing.

A person's wellbeing may include their sense of hope, confidence and

self-esteem, their ability to communicate their wants and needs, to make contact with others, to show warmth and affection, and to experience and show pleasure or enjoyment.

All these aspects of wellbeing make up who people are, or their identity. Everyone has different feelings, attitudes and goals. Each one of these aspects also influences your self-esteem and feeling of self-worth. If you were cut off from your friends and family you would quickly feel lonely and unloved. If, on the other hand, you were leading an active life, having the choice to do what you want with lots of friends you would feel valued and self-confident.



To promote their wellbeing it is your duty of care to ensure that an individual is content with most aspects of their life. By treating them as an individual with respect and dignity, using clear and simple language, you will enhance their sense of self-worth.



Whatever the individual thinks would help them to feel better about their lives, be positive, understanding, empathic and non-judgemental and encourage them to try out new things. If they are from an ethnic minority they might be interested in visiting cultural centres to stay in touch with their folks and maintain traditions.

The individual has to have the opportunity to unfold fully their personality and identity by being given choices so they will feel well in all aspects of their life. Remember American psychologist Carl Rogers' core conditions of unconditional positive regard, empathy and congruence as being essential for providing effective support.

Support an individual in a way that promotes a sense of identity and self-esteem

In everything you do to provide care and support you should consider the individuality of each person. The more you find out about each person the easier it is to show that you value their identity and want to help them to maintain and build on their self-esteem by providing every opportunity for them to actively participate and find ways to live in keeping with their identity and beliefs.

Listen to what they consider important in their lives and try enabling them to make choices, e.g.:

- to go to their place of worship to follow their faith
- to enable them to be active, to socialise and make new friends
- to help them find yoga or meditation classes if they have an interest in stress reduction techniques

It is important that you raise any concerns you might have about the emotional or spiritual needs of an individual. Your line manager, supervisor, a senior member of staff or the individual's carer will know how to look into what can be done to better meet these needs by working together with the individual and other services. The individual's family should also be informed about any concerns you might have as they may have had experiences on how to help or be able to provide help themselves.



Demonstrate ways to contribute to an environment that promotes wellbeing

To promote wellbeing, the environment has to be a positive one in which the individual feels that they can thrive. In this context, it may include a physical, social or emotional environment.

Examples of physical environments are listed below.

- City, town, village the person lives in surrounding area/countryside
- Places of interest
- Communal places
- Garden
- Building
- Bedroom

Examples of a social or emotional environment are:

- attitudes
- personal boundaries
- communication styles
- subjective feelings
- values

To promote wellbeing the individual should feel comfortable where they are. If they find the lights are too bright, dim them where possible. If it is too noisy you might close doors or windows or adjust the volume on the TV. If possible, adjust the room temperature so that they feel comfortable and air rooms or clean away anything that might cause unpleasant smells. The important thing to remember is that you ask them about anything they are not happy with and then do what you can to make the environment the best

it can be for them. If you are working at night it will be impossible to work in the dark or without any noise but you need to be careful to minimise any discomfort or stress. If you are worried that the individual's environment is causing them distress and you cannot solve it straight away, talk to their carer or a manager to get advice on how to make changes. Family members might be another source of information as they will know the individual better and may have solutions that you haven't thought of.

The social or emotional environment that promotes wellbeing is one that is warm, caring and friendly, with a focus on person-centred care and equal opportunities. Personal boundaries should be respected and treated in a dignified way by giving people the privacy they need.

