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Promote
person-centred
approaches in health
and social care

Standards

Understand the application of person-centred approaches in health and social care

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

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 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
- 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 adult 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:** not to have fear 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 programme for adult 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 adult 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 adult 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 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 in person-centred care and support in adult care but other important values include:

- individuality

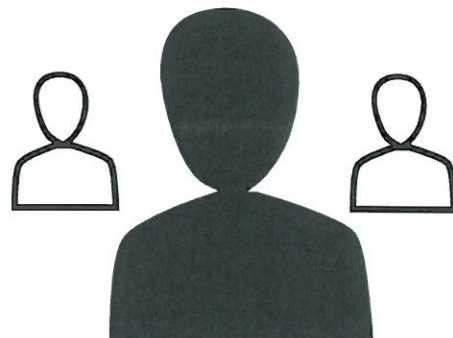
- rights

- choice

- independence

- respect

- partnership



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 1 aspect of their care. The person is respected as an individual and listened to in order to meet their needs. The relationship between care worker and individual is a working partnership; the individual is treated with dignity and respect and supported in making informed choices about their adult 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.

Evaluate the use of care plans in applying person-centred values

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 be. Person-centred planning is used in adult care and has four key rules:

www.skillsforcare.org.uk/Standards/Care-Act/Learning-and-development/Person-centredcare-and-support-planning.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 frame is sourced that is best for them within the resources 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:

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

2. **Shared decision-making:** this sees individuals as equal partners in their healthcare

3. **Public involvement:** this involves people in decisions about the design and delivery of services, for example by involving communities in making decisions



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 a care plan to be put together with them. 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 individual and that you are providing care that is focused on 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. 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. It will also enable them to know how to provide care and support for those individuals new to them.

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.

If to evaluate means to judge the quality or importance or value of something, then how far do you think that using care plans facilitate the application of person-centred values? They certainly provide a way to involve individuals in their care and support and in recording that so that all those who need to know can do. What do you think might be the caveats to this? Are there other ways in which person-centred values can be applied when working in adult care? What do you think, or know from your experience, can be the pitfalls when using care plans? Here are some of the things that might not go according to plan.

1. The filling of the form in a particular format could get in the way of the focus being on the individual and how they would like their care plan to be

2. Workers involved with supporting an individual to draw up their care plan might not have access to enough information on options or might rely on an option drawn from a pick and mix list that they always use

3. The care plan itself is complicated and off-putting to the individual concerned

So in evaluating their use it is important to see them as a tool to apply person-centred values, to help an individual to decide how they want to live and be supported and to record the choices they make, rather than seeing the care plan as an end in itself.

*Be able to work in a person-centred way***Work with an individual and others to find out the individual's history, preferences, wishes and needs**

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 has difficulty in 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. 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 adult care workers sharing information, and thereby improving the coordination and provision of care, is called a multi-disciplinary service.

Last, if the individual has been supported for a while, there might be an individual needs assessment that 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 with you.



It may be necessary to carry out further research that is relevant to the individual's support needs, particularly when these needs are complex and unfamiliar. These needs and the results of your research will need to be shared with the rest of the team so that the individual receives the appropriate support. You may also need to look into further training opportunities.

Examples of occasions when you may need to research further are when:

- supporting an individual with diabetes
- specialist communication methods, such as sign language or Braille, are required
- supporting an individual after a hip replacement
- supporting an individual with epilepsy
- you need to use specialist equipment



Think about

Can you think of any other examples when you may need to do research? How might you conduct your research and what sources of information could you access? Think about how you would communicate this to the rest of the team.

Demonstrate ways to put person-centred values into practice in a complex or sensitive situation

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.

It is important to keep the values of person-centred care in mind so that

however complex their situation person-centred values can be put into practice.

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 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. These decisions are often made in complex situations and the individual has to make choices in difficult circumstances to balance as best as possible their wishes, needs and preferences.

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, or find the best communication methods for them and to explore what they want and also what they don't want.

A particularly sensitive time is at end-of-life where an individual and their family may be coming to terms with the situation and/or the individual might not be able to voice their wishes as they could before. You may then need to use different ways of communicating and take a phased approach, taking the lead from the individual concerned. 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**



Think about

Think of a complex or sensitive situation that you have encountered in your social care setting. What did you need to do to put person centred values into practice? Remember to include individuality, dignity, privacy, rights, choice, independence, respect and partnership.

Adapt actions and approaches in response to individual's changing needs and preferences

It is important to continually review the care and support that is provided as an individual's needs and preferences will change. Sometimes changes will be slight, at other times, changes can be rapid and require a quick response. So outside of agreed review times it is always important to have good and open relationships and encourage each individual to express themselves and their needs on an ongoing basis.

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. Or, if their physical condition deteriorates they may need additional support or equipment to move around.

As a lead adult care worker it is likely that you will be responsible for the monitoring and review of care and support plans for individuals and for supporting workers within your team. It is important that you keep accurate records of care plan reviews and any changes that are implemented as a result of these. You may also need to ensure that the team members have the resources available to support individuals appropriately, for example having the correct type and size of sling for the hoist or ensuring that workers are trained in the safe use of equipment and also the right techniques.

Areas of support that you will need to monitor, plan and review are:

- physical needs

- social needs

- emotional needs

- spiritual needs

- cognitive needs

- sensory needs

Some of these areas of specialist assessment will need to be investigated further as previously discussed in the section on research.

Be able to establish consent when providing care or support

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

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.

There are 2 specific factors that can help in assessing an individual's capacity to consent, they are:

1. does the person have a particular mental need? 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 1 or more of the following:

- understand the information given to them
- retain the 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



The act is supported by guidance in the form of a code of practice that must be followed. This can be found here:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

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, they are opening their mouth as the spoon nears their mouth
- **Verbal consent** is given when you are asking an individual if they are happy with a procedure and they answer positively
- **Written consent** could be an actual consent form but is often the outline of treatments, procedures, support or care given and the individual will then sign the document 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.

It is important in your role as a lead adult care worker that you are able to understand the process for establishing consent and the issues surrounding this. You may be required to explain this to others and support them to establish informed consent. Training will be available in the areas of consent and mental capacity and



other workers may need to access this so that they can recognise when individuals need further support.

Explain what steps to take if consent cannot be readily established

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 an individual 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 the capacity to make all decisions. So any analysis of factors in relation to how far they influence the individual's capacity to express consent must be done in the context of the specific decision that they need to make.

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. The way of working by your employer should be related to the provisions of the Mental Capacity Act.

Skills for Care and the Social Care Institute for Excellence have produced a Mental Capacity Act resource that includes further learning and case studies. This can be found here:

http://www.scie.org.uk/publications/reports/70-mental-capacity-act-and-care-planning/?dm_i=405,2XK VX,UVSJS,AL76V,1

*Be able to implement and promote active participation***Describe different ways of applying active participation to meet individual needs**

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?

Take a look at 2 case scenarios:

Adam

Adam is 38, has mild learning disabilities and lives in a supported living environment. He is very fond of animals and has on numerous occasions expressed the wish to be a zookeeper when he is older. 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 others. When you meet him 5 hours later he is very happy and excited, telling you all about the animals and the work that he has done during the day.

**Think about**

How have Adam's needs been met through active participation?

Betty

Betty is 72 and lives in a care home. She led a very active life before moving into residential care, but after a few incidents of being found wandering the streets in her nightgown, 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 went 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 bit of dancing. Unfortunately, the care home is understaffed so no one finds time to take Betty out to the 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, watching 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.



Think about

How could active participation support Betty and increase her self-esteem and self-confidence?

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 that 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 like 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. You would conclude that active participation has not been considered.

Work with an individual and others to agree how active participation will be implemented

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

There are a number of barriers to active participation from the adult care worker's as well as from the individual's side, some of which include:

- **poorly trained or understaffed workforce**
- **strict routines in the services provided**
- **care/support workers' attitudes and approaches**
- **individual's physical disability, e.g. wheelchair user**

- individual's learning disability, e.g. dysphasia, problems in understanding spoken language
- individual's particular hearing or visual needs
- individual's mental health problems, e.g. anxiety disorders
- individual's attitude towards the service provider
- 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. You can be responsible for your own attitude and approach and willingness to learn how best to communicate with each individual so you are able to meet their needs.



Demonstrate how active participation can address the holistic needs of the individual

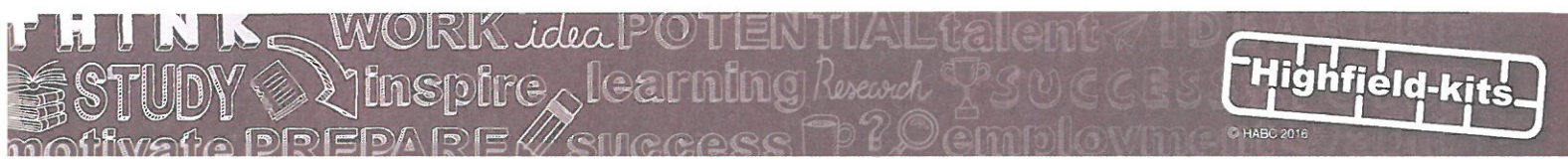
Holistic wellbeing includes considering and planning to meet individuals' needs in all of the following areas in line with their preferences.

- 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 over 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

In so far as you can empower an individual to actively participate in addressing all the areas they wish, include this in your demonstration for Work with an individual and others to agree how active participation will be implemented.

Demonstrate ways to promote understanding and use of active participation

Skills for Health and Skills for Care collaborated to produce the Common Core Principles for Self-Care, which embed the use of active participation. The principles are:



1. Person-centred practice that engages, supports, encourages and facilitates involvement and helps individuals to make decisions that are right for them
2. Effective communication enables individuals to identify their strengths, assess their needs, and develop and gain the confidence to self-care
3. For individuals to make well-informed decisions about their self-care they must have access to appropriate information and understand the range of options available to them
4. Developing skills and confidence in self-care requires access to a range of learning and development opportunities, formal and informal
5. New technology is an important aspect of enabling people to self-care
6. Individuals are enabled to access support networks and participate in the planning, development and evaluation of services

7. Risk-taking is a normal part of everyday life, so supported risk management and risk-taking is an important element of maximising independence and choice

You can use these 7 principles to consider how you can best promote understanding and the use of active participation in your role. For example, showing that you think about how you communicate and how you enable individuals to communicate and help them to build their confidence in communication. Make sure that you find out all the information you can, and that others do it too, to make sure individuals can make well-informed decisions. Being open and willing to pursue learning and development and in particular finding out more about new technology. Showing how you have enabled individuals to attend or speak out in forums where they can contribute to planning or evaluating services.

You can find out more about the principles of self care here:

<http://www.skillsforcare.org.uk/Skills/Self-care/Self-care.aspx>

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 own role and authority to support the individual's right to make choices

To undertake this diploma at level 3, it is assumed that you are a lead adult care worker, have a certain amount of autonomy, or work independently in your role. You may supervise other adult care workers. Whatever autonomy or authority you have you should use that opportunity to model and promote the rights of every individual to make choices both in relation to the big decisions in their life but also every day in the way they choose to live. Wherever you are able to influence legitimately, you should use your role and authority to act or advise to make this a reality for the individuals you provide care and support for.

You might be able to use your role and abilities to be creative about options, help with facilitating communication and network with those that can open up opportunities for any individual. You can bring your experience to bear when supporting individuals to make difficult choices, or helping other workers to provide that support.

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

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 the 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.htm

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 them
5. Review your assessment and update if necessary



If a new activity is going to be introduced, the 5 steps of a 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 to enable them to take the risks they choose.

On an ongoing basis, once an individual has made choices following an assessment and understanding of the risks, you should support them to manage the risks involved to carry out their chosen actions. Managing the risks mean that you ensure that the precautions identified in the assessment are able to be followed by or with the individual and that if circumstances change, either in the support or facilities or the individual's abilities, the risks are re-evaluated and further discussions take place to agree how to make adjustments.

So for example, Mary, an older person living in her own home, is supported to assess that she can continue to live at home with her developing condition of pulmonary arthritis. This has begun to affect her breathing significantly and she can no longer just manage with a walker to get about. It is arranged that she has oxygen supplied at home and she chooses to install a stair lift that will enable her to get upstairs to her bedroom. Care is provided 3 times a day to support her with washing, dressing and meal times and she also has a care line installed so that she can call for help should she need it. As her condition worsens it is suggested that an alternative is to move into a nursing home which you discuss with her. However, Mary chooses to remain at home, the oxygen level and supply is increased and she uses the care line more often to call for help when she is in difficulty that results in frequent calls or visits from the doctor or nurse. Out of hours the care line calls 999 resulting in ambulance visits and support from paramedics or trips to A & E. As an adult care worker you continue to promote Mary's right to choose to stay at home and adapt the care and support provided,

recognising this is a sensitive situation that is likely to worsen and that Mary is nearing end of life. Mary is supported to manage the risks of being unable to breathe and support herself by the provision of the oxygen, stair lift, care line and the care provided.

For Mary, the risks in particular of becoming isolated from her friends and neighbours in a nursing home and the stress arising from a move are ones that she chooses not to take.

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 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 want 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.



Be able to promote individuals' wellbeing

Explain the links between identity, self-image and self-esteem

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 faith and beliefs
- **Social** - people's relationships
- **Political** - peace and stability in people's homeland
- **Sexual** - people's intimacies
- **Physical** - leading an active life
- **Mental** - realising people's potential and ability to contribute to society

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 a person's 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.

A person's identity, self-image and self-esteem are all very closely linked. If they are proud of their identity and it is clearly defined, they have a good self-image that feeds into their sense of self-esteem. If they are not able to fully express themselves and be accepted as who they are with their own unique identity, this affects their self-image negatively and reduces their self-esteem and motivation to express themselves.



Analyse factors that contribute to the wellbeing of others

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.

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 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, self-image 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 a 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 are aware of any concerns that other workers might have about the emotional or spiritual needs of an individual. As a supervisor or lead adult care worker you will need to lead and mentor others to promote the wellbeing of individuals. You may need to look into what can be done to better meet these needs by working together with the individual and other services.

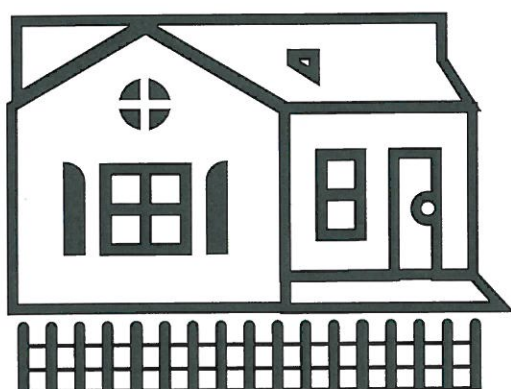
The individual's family should also be informed about any concerns you may have as they may be able to provide help or advice.



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.

Compare different uses of risk assessment in health and social care

A risk assessment is a careful analysis of what in the course of work or activities could cause harm to anyone so that you can consider whether there are enough precautions being taken or more should be done to prevent harm. The aim is to make sure that no one comes to harm or gets ill. If things go wrong and people are hurt this can adversely affect many people and affect a service or business very badly, even leading to closure. Employers are legally required to assess the risks associated with the work they do in their business.

The decision needs to be made as to whether a particular hazard, or something that could potentially cause harm, is significant and if so whether you have the right precautions in place so that the risk is low.

An employer is legally obliged under the Management of Health and Safety at Work Regulations 1999 to carry out a risk assessment of the significant risks in your workplace or business. Where there are 5 or more employees a record should be kept.

For all individuals receiving care and support, an initial risk assessments must be provided as part of the overall assessment process for the provision of their care and should be done in relation to the care plan that is put together with them. They should be very much a part of exploring the risks and making informed

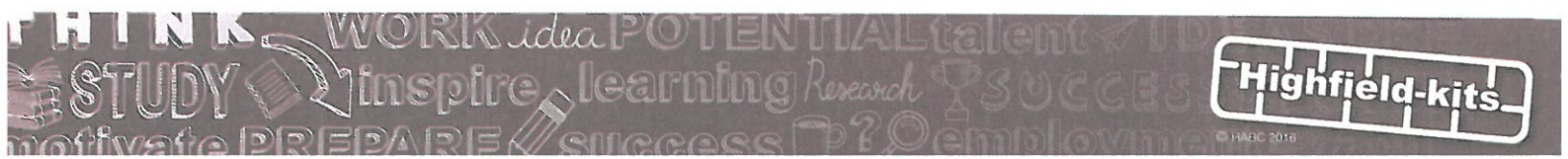
choices, agreeing the precautions that they will put in place or that others will be asked to put in place. Once they are receiving care and support the employer or person responsible has a duty to ensure that there are specific risk assessments in place that cover all their activities, particularly if their care and support is provided in a care or nursing home or supported housing. These risk assessments are there to enable person-centred care to be carried out and relate specifically to the individual.

You will find that if you provide care and support within a care home, day service or supported housing there will be a whole range of different risk assessments that are carried out and that are often dictated by specific legislation. These generally fall under 3 categories.

- The environment and associated risks. These can be multiple, for example, in relation to the potential for slips, trips and falls, or in relation to the security of a building.

- The activities carried out including any equipment used and additional hazards that are not covered within the environment assessment. Examples might be in relation to specific events or birthday parties, to meal times, bathing or exercise classes. Assessments related to moving and assisting or manual handling of objects all relate to activities. Safe use of chemicals or other substances (COSHH).

- The people involved - to cover specific risks to or for the individuals concerned, consideration should be given to the location and activity assessment and address issues that are not covered



within them. In adult care this would cover the individuals receiving care and support, the staff and any people who visit and participate in any way. A risk assessment here might cover risks to the individuals who receive care and support from those who may visit at a busy time and the risks to security of personal belongings. Another might be related to stress levels at certain times and how that might affect staff and their work.

In enabling a person-centred approach, these more general risk assessments also have to be considered when supporting an individual to make choices. They all interrelate because no one lives or operates in isolation or does not have to consider the environment, specific activities or how what they might choose to do could impact on other people.

Explain how risk-taking and risk assessment relate to rights and responsibilities

Rights and responsibilities interrelate in relation to risk-taking and risk assessments. Individuals have a right to determine the way they are supported to live their life but they also have a responsibility not to put others at risk, including those that provide care and support and their friends and family. You have a duty of care to do what you can to safeguard individuals and to provide the best care and support you can but you also have to be confident that the risks have been assessed and agreed and that you are working accordingly to support your own rights to work with confidence and free from any fear that you are working unlawfully or could be at risk of causing harm yourself. Your employer has

to use risk assessments and the process of putting precautions in place to balance their commitment to provide person-centred care with their responsibilities as an employer that involve adhering to a wide range of legal requirements.

Explain why risk assessments need to be regularly revised

Simply, risk assessments need to be regularly revised because things change and create different circumstances. Some risk assessments are one-off for specific events, others need to be reviewed when things change. For example, snow falling produces a whole number of additional risks that need to be considered; such as increased risk of slipping or increased risk of hypothermia.

In relation to person-centred care, an individual has a right to change their mind, to choose how to do things differently once they have given things a try, to consider other perspectives, to work out how reduced or increased physical capacity might make a difference to their choices. As an adult care worker you should always be observant and keep the conversation open with those you support about how care and support and the way they live their life overall is providing that sense of wellbeing and what could be improved. Revisiting and reviewing the risks is part of that process.