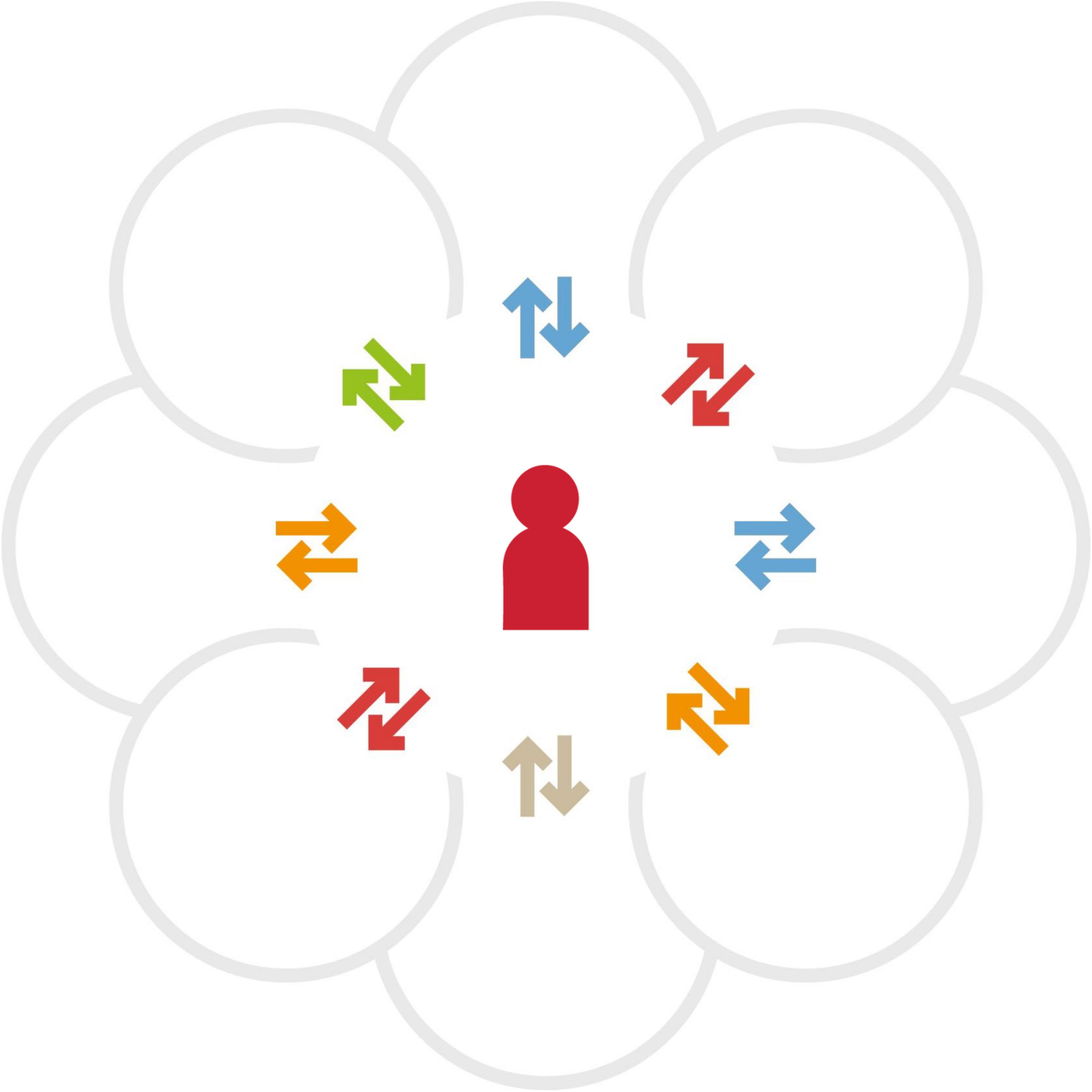
Promote person centred approaches in health and social care



Assignment task – HSC 036 - Promote person centred approaches in health and social care

Unit purpose and aim

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

Author note

Although I finished the HSC026 unit, I decided to answer to all the HSC036 questions, according to my senior care assistant position. My goal in the next three years is to be a unit manager in the south of France working with individual living with early dementia by providing very high quality of care that includes the individual in the centre of the care planning process. I believe working with a person centred approaches method is the key to include the individual at the heart of the care planning process. This will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team.

Task 1 – Understand the application of person centred approaches in health and social care

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

1.2 Evaluate the use of **care plans** in applying person centred values

Task 2 – Be able to work in a person centred way

2.1 Work with an **individual** and **others** to find out the individual's history, preferences, wishes and needs

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

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

Task 3 – Be able to establish consent when providing care or support

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

3.2 Establish consent for an activity or action

3.3 Explain what steps to take if consent cannot be readily established

Task 4 – Be able to implement and promote active participation

4.1 Describe different ways of applying active participation to meet individual needs

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

4.3 Demonstrate how **active participation** can address the holistic needs of an individual

4.4 Demonstrate ways to promote understanding and use of active participation

Task 5 – Be able to support the individual’s right to make choices

5.1 Support an individual to make informed choices

5.2 Use own role and authority to support the individual’s right to make choices

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

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

Task 6 – Be able to promote individuals’ wellbeing

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

6.2 Analyse factors that contribute to the **wellbeing** of individuals

6.3 Support an individual in a way that promotes their sense of identity, self-image and self-esteem

6.4 Demonstrate ways to contribute to an environment that promotes wellbeing

Task 7 – Understand the role of risk assessment in enabling a person centred approach

7.1 Compare different uses of risk assessment in health and social care

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

7.3 Explain why risk assessments need to be regularly revised

Exemplification – HSC 036

Person centred values include: individuality; rights; choice; privacy; independence; dignity; respect; partnership.

A **care plan** may be known by other names e.g. support plan, individual plan, my day my life care plan. It is the document where day to day requirements and preferences for care and support are detailed.

An **individual** refers to someone requiring care or support; it will usually mean the person or people supported.

Others may include: team members and colleagues; other professionals; individuals who require care or support; families, friends, advocates or others who are important to individuals.

Complex or sensitive situations may include those that are: distressing or traumatic; threatening or frightening; likely to have serious implications or consequences; of a personal nature; involving complex communication or cognitive needs.

Consent means informed agreement to an action or decision; the process of establishing consent will vary according to an individual's assessed capacity to consent.

Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Wellbeing may include aspects that are; spiritual; emotional; cultural; religious; social; political.

Person Centred Values: A set of values that are firmly based in citizenship and inclusion, advocating that everyone has the right to exercise choice and control in directing their lives and support. This includes designing good support that will assist individual to do this in a way that makes sense for the individual.

Person Centred Approaches: The way we approach and support individuals and families and each other as workers. The aim is to ensure that in all of our approaches we work hard to demonstrate person centred values and offer assistance in a way that enhances equal citizenship for individuals.

Person Centred Thinking: A range of useful questions or tools that form the basis of Person Centred Planning. They help to focus on the individuals, their gifts and skills, what is important to them and what makes good support for them.

Person Centred Planning: A continual process of listening to what is important to the individual now and in the future with the support of family and friends and creating action or changes based upon this.

Person Centred Reviews: A process that can be used as a statutory review which looks at the individual's life and supports, what is working and not working and what needs to change now and in the future to create outcomes that are right for the individual.

Assignment task – HSC36 Answers

Task 1 – Understand the application of person centred approaches in health and social care

What is the person centred approach?

The person centred approach is a way of working developed from the work of the psychologist Dr Carl Rogers (1902 – 1987). In health and social care settings, the person centred approach is a way of working that put the individual at the heart of the care planning process. This will provide a framework for the individual to plan and set a direction of their care planning process according to the individual's physical and psychological needs, spiritual beliefs, culture, likes and dislikes, family and friends. The person centred approach method is linked with the active participation method, which is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

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

Person centred values include: individuality; **rights**; **choice**; **privacy**; **independence**; **dignity**; **respect**; **partnership**.

Individuality means the quality or character of a particular person or thing that distinguishes them from others of the same kind, especially when strongly marked. In a health and social care setting, this means that you recognise each person is unique. Every individual will have their own way of life, their own preferences and views. Everyone is different and should be treated in a way that celebrates this difference.

Rights are legal, social, or ethical principles of freedom or entitlement; that is, rights are the fundamental normative rules about what is allowed of people or owed to people, according to some legal system, social convention, or ethical theory. These may be legal rights such as those covered by The Human Rights Act. They may be moral rights, such as the right to be treated with respect or dignity.

Choice is an act of choosing between two or more possibilities. In a health and social care setting, this means a real choice not one which is seriously limited by others. It can be an informed choice. It may be a choice which other people feel is wrong.

Privacy is a state in which one is not observed or disturbed by other people. In recent years there have been only few attempts to clearly and precisely define a right to privacy. Some experts assert that in fact the right to privacy should not be defined as a separate legal right at all.

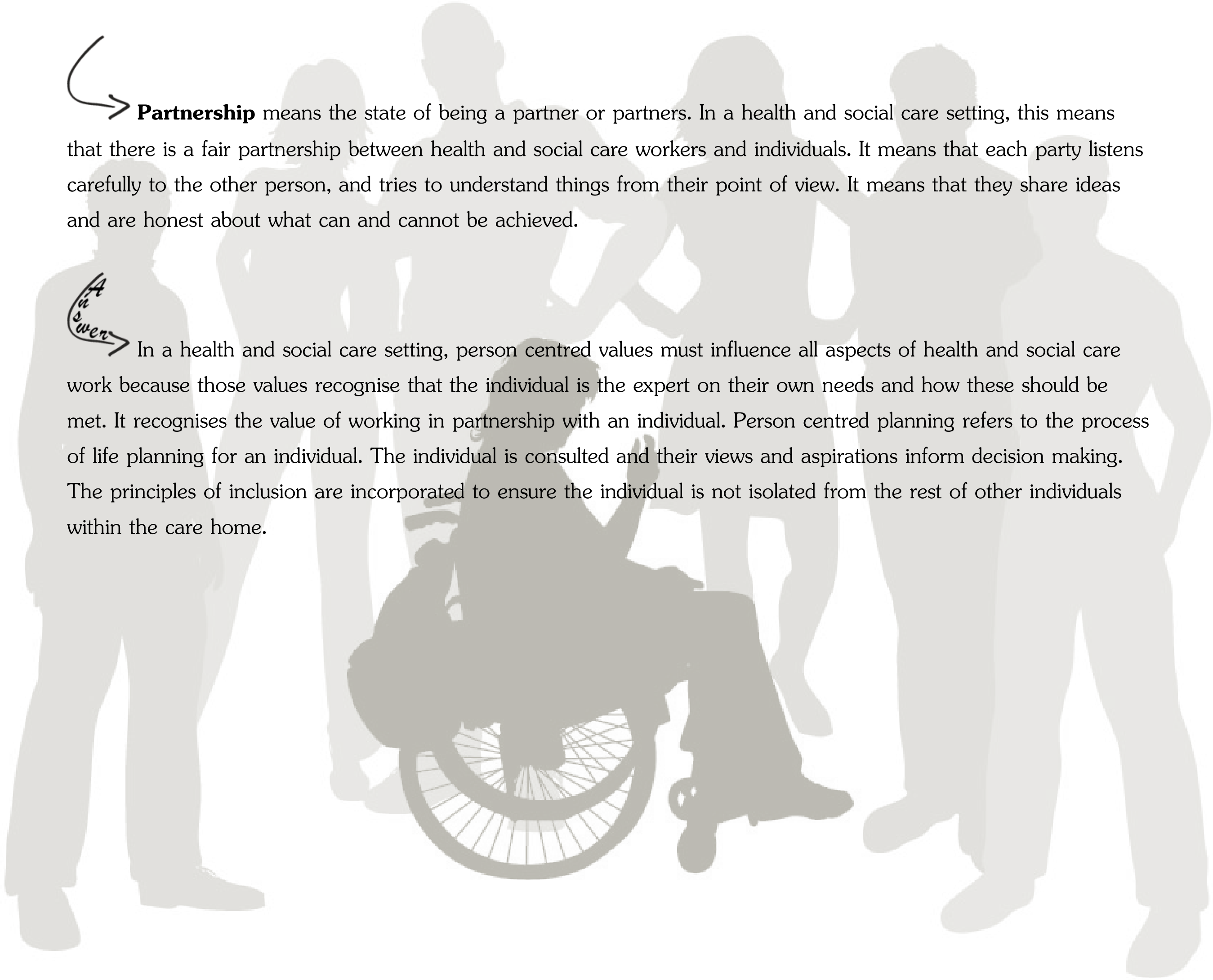
Independence means the fact or state of being independent. In a health and social care setting, this means not to be influenced or controlled by others in matters of opinion and conduct. It means thinking or acting for oneself and not being influenced by the thought or action of others.

Dignity means the state or quality of being worthy of honour or respect. In a health and social care setting, this means treating people with respect and recognising that they have worth. It means treating people as individuals and enabling them to maintain their self-respect.

Respect is a feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements. This means the condition of being esteemed or honoured. In a health and social care setting, to show respect for an individual means to have esteem for or a sense of the worth or excellence of a person, a personal quality or ability, or something considered as a manifestation of a personal quality or ability.

Partnership means the state of being a partner or partners. In a health and social care setting, this means that there is a fair partnership between health and social care workers and individuals. It means that each party listens carefully to the other person, and tries to understand things from their point of view. It means that they share ideas and are honest about what can and cannot be achieved.

Answer In a health and social care setting, person centred values must influence all aspects of health and social care work because those values recognise that the individual is the expert on their own needs and how these should be met. It recognises the value of working in partnership with an individual. Person centred planning refers to the process of life planning for an individual. The individual is consulted and their views and aspirations inform decision making. The principles of inclusion are incorporated to ensure the individual is not isolated from the rest of other individuals within the care home.



Applying person centred planning in all aspects of health and social care work, particularly in relation to vulnerable individuals e.g. individuals with learning disabilities, physical disabilities, mental health issues, including person centred thinking skills, total communication, essential lifestyle planning and person centred reviews; Carl Rogers theoretical background to person centred counselling; the four key principles of rights, independence, choice and inclusion; reflecting the unique circumstances of individuals; understanding the influence of person centred values; the importance of individuality; appreciation of individual rights; enabling individuals to make decisions and choices; the importance of privacy; empowering individuals to maintain independence and dignity; treating individuals with respects; respecting individual's diversity, culture and values; awareness of individual vulnerability e.g. illness, disability, diminished capability; importance of person centred values for all aspects of health and social care work.

To resume, person centred values must influence all aspects of health and social care work because each individual is unique having their own way of life, their own preferences and views. Everyone is different and should be treated in a way that celebrates this difference. Working as a senior care assistant with individual living with early dementia using personal my day my life care plan for each individuals allow me to directly work in a person centred approach putting the individual in the centre of the care planning process, according to the individual's mental capacity. If the individual lack capacity regarding the care planning process, best interest decision has to be made involving the resident's next of kin, social care worker and best interest people that will assess the individual.

My day my life care plan is working in a person centred approach by placing the individual at the heart of the care planning process. My day my life care plan is an up to date and relevant information folder regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main person centred questions. What can the person do for them self? What support does the person need from you?

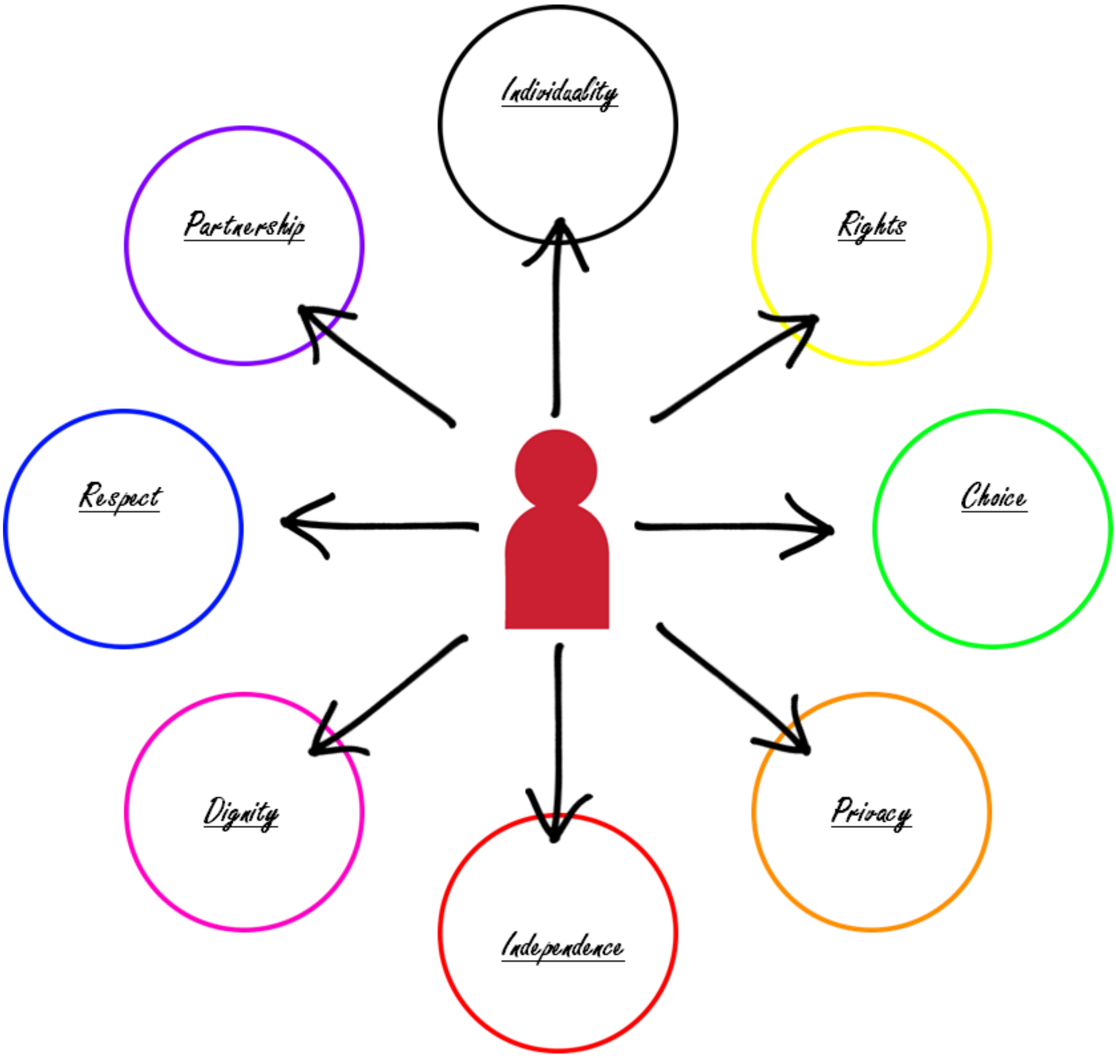
Person Centred Approach stated in The Adult Care Act 2014

↳ The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people first and their care workers in control of their care and support. For the first time, the Care Act will limit the amount anyone will have to pay towards the cost of their care. The Care Act 2014 has created a single, modern law that makes it clear what kind of care people should expect through a set of criteria that states when local authorities will have to provide support to people. Central to the Care Act is the concept of wellbeing; council's duty to consider the physical, mental and emotional, wellbeing of the individual needing care. A Person Centred Approach sets the structure of the Care Act; care workers must involve the individuals in deciding what they need, how they can best be cared for and what they want to achieve. By providing and legislating for Personal Budgets in the Care Act, power is given to the people to spend money on adapted care that fits their individual needs as part of their support plan. The individuals will pay up to £72.000; once that amount on care is reached the state will pay the costs. The Care Act stress the need of equality by entitling through assessment all care workers that are eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

1.2 Evaluate the use of **care plans** in applying person centred values

A care plan may be known by other names e.g. support plan, individual plan, my day my life care plan. It is the document where day to day requirements and preferences for care and support are detailed.

The eight person centred values, also called the 8 Core Care Values, are an agreed set of principles that are believed to be the foundation of all good care practice and provide care workers with an agreed set of principles and standards by which care workers benchmark their practice which ensures they conduct themselves in a way that embraces these principles. The 8 Core Care Values were intended to guide and inform the approach and practice required of all care workers. The 8 Core Care Values not only apply to the relationships developed with the individuals who require care or support within a care home, families and friends but to the working relationships with team members and colleagues; other professionals; advocates or others who are important to individuals. The 8 Core Care Values provides a set of principles that help to develop a better understanding of what constitutes good care practice which supports the continued care, safety and wellbeing of the individuals within a care home. These values and principles are now embedded in the General Social Care Council (GSCC) Codes of practice for social care workers, and must be adhered to at by all social care workers. The 8 Core Care Values are the following: individuality; rights; choice; privacy; independence; dignity; respect; partnership. Individuals have a right to be treated as an individual; to be treated equally and not be discriminated against; to be respected; to have privacy; to be treated in a dignified way; to be protected from danger and harm; to be supported and cared for in a way that meets their needs, takes account of their choices and also protects them; to communicate using their preferred methods of communication and language; to access information about themselves.



Answer

The use of care plans in applying person centred values mean; including the individual at the heart of the care planning process; putting people first and their care workers in control of their care and support as stated in The Adult Care Act 2014. Person centred values include: individuality; rights; choice; privacy; independence; dignity; respect; partnership. You cannot give care without care plans, as you cannot give medication without Medicine Administration Records (MAR) charts.

Working applying person centred values using the individual plans documenting preferences and requirements for care and support e.g. care plan, support plan, individual plan, my day my life care plan, means to understand that person centred approach is about providing care and support that is centred on the individuals and their needs, means to consider the physical, mental and emotional of the individual needing care through approach to meeting the needs and preferences of individuals.

Two individuals might have the same medical condition e.g. dementia, it doesn't means that they require the same care and support. Using the eight person centred values when writing and updating an individual's care plan will show that; the individual is at the heart of the care planning process; **individuality** means importance of using plans to document an individual's needs, means evaluating plans to assess effectiveness of meeting individual needs, individuality is promoted through care and support needs that are adapted to suit each individual, this shows respect by preserving the individual's dignity and individuality, their personal beliefs should be respected; **rights** are respected through care and support by ensuring the individuals continue to have the same rights as when they were living independently, rights don't stop when dementia come, each individual has the right to say no, to refuse medication, to engage into a relationship, to have a say about how they are supported, to choose what they want to eat and to drink when they want, to choose how they want to be dress and when, to choose their friends and what they want to do with their time; **choice** means to ask to the individuals formal questions in order to make choices, always involve the individual in decisions about their care and support, for example individuals living with early dementia may respond better when asking two simple choices, this is better than no choice at all, good communication and listen skills are vital to ensure an effective communication when dealing with individuals living with early dementia;
privacy means to give enough private space for the individual when providing care and support, for example staff to always knock on the individual door before to enter to the individual room, staff to ensure the door is closed when giving personal cares and personal hygiene to the individual; **independence** means to allow individuals to do things for themselves, however small, being independent does not necessarily mean being completely alone but being supported to do things, staff to not do things that the individual is able to do because it is quicker, staff to support the individual to do things the individual can do or almost do, by feeling in control the individual will feel more independent and will give to the individual a sense of self-worth; **dignity** means attention to the detail of treatment and individual provision, dignity means staff to ensure the use of towels or clothing to cover the individual's intimate parts when assisting the individuals with personal cares, personal hygiene, bathing or showering; **respect** means showing to the individual support through what the individual believe is important, no matter the age, culture, disability, gender, belief or sexual orientation, means staff to never call an individual using terms of endearment e.g. darling, love, sweetheart; **partnership** means negotiation and consultation in empowering individuals to make decisions and choices in relation to care and support, means working with others e.g. team members and colleagues, other professionals, the individual requiring care and support, families, friends, advocates, other people who are important to the individual, means staff to work in a person centred approach that care and support the individual at the heart of the care planning process, means working in ways that promote The Adult Care Act 2014 values.

Task 2 - Be able to work in a person centred way

2.1 Work with an **individual** and **others** to find out the individual's history, preferences, wishes and needs

In my health and social care workplace for individuals living with early dementia, to find out the individual's history, preferences, wishes and needs, I can ask the team members and colleagues, other professionals, the individual requiring care and support, families, friends, other people who are important to the individual. An individual living with early dementia is able to answer simple questions e.g. do you prefer porridge or cornflakes or tea or coffee? Would you like a bath or a shower? Do you remember what you were doing for living?

I am working as a senior care assistant, one of my roles is to write and update individual's my day my life care plan.

My day my life care plan is aims to work in a person centred approach that includes the individual in the centre of the care planning process. This will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team. All the information regarding the resident's communication needs can be found in the resident's My Day My Life care plan folder. The resident's My Day My Life care plan folder is giving up to date and relevant information regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you?

From A to Z, My Day My Life care plan folder is person centred approach. Some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests. In this situation, I refer to the pre-admission notes that were with the resident when being assessed. The pre-admission notes is a summary of information about the resident's next of kin; medical history; expectations; date of birth; NHS number; current GP; first language; previous occupation; current medicines; relative expectations; relationships and community involvement; cultural, spiritual and religious practices; promoting a healthy lifestyle; wellbeing and social activities; senses and communication; safety; eating and drinking preferences; personal hygiene; elimination; skin integrity; mobility; sleep and rest; breathing, circulation, temperature control and pain; future decisions; mental health and dementia care; mental capacity and deprivation of liberty. I also refer to the resident's next of kin; GP; social worker; district nurse; advocate; families and friends; or others who are important to the individual. When the resident's next of kin come to visit the resident for the first time, I ask the resident's next of kin to sign the consent to access care documentation if the resident does not have capacity to consent; is on DOLS. When the resident's families come to visit the resident for the first time, I ask them to fill out the resident's map of life that will give me precious information regarding the resident's favourite food and drink; hobbies and interests; favourite childhood memories; favourite places lived; favourite job. I also refer to the resident's GP to found out if the resident has allergies to medications; is diabetic. If I need more information regarding the resident's history, preferences, wishes and needs, I refer to the next of kin: families and friends; social worker; advocate.

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

What is the complex or sensitive situation?

Complex or sensitive situations mean situations which are distressing or traumatic e.g. bereavement, loss, deprivation; mean situations which are threatening or frightening e.g. potentially violent; mean situations which are likely to have serious implications or consequences e.g. individual that broke windows within the care home; mean situations which are of a personal nature e.g. involving confidential information; mean situations which are involving complex communication or cognitive needs e.g. individuals with communication or learning disabilities.

Answer

Within the health and social care sector, ways to put person centred values into practice in a complex or sensitive situation mean to include person centred values known as individuality, rights, choice, privacy, independence, dignity, respect, partnership; in the event of death of a family member of the individual e.g. death of next of kin, brother, sister; in the event of an individual sudden bad news in relation of personal health e.g. cancer; in the event of an individual that is dangerous to other individuals; in the event of an individual's unexpected death e.g. fatal heart attack, fatal stroke; in the event of an individual's natural death e.g. end of life care; staff need to handle such situations in a professionalism ways. For example, in the event of an individual's natural death e.g. end of life care; staff to maintain privacy, dignity and respect to both individual and family; staff to show compassion; staff to reassure the family members that the individual passed away with dignity and free of pain; staff to explain how, when and why is very important. Individual's rights do not stop with death. Staff to work as a partnership with the family to ensure the individual's wishes that have been expressed within the care home regarding death will be respected. In a complex or sensitive situations this is important that values as individuality, rights, choice, privacy, independence, dignity, respect, partnership are part of the handling process.

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

Actions and approaches in response to an individual's changing needs or preferences mean staff to work in a centred person approach that put the individual at the heart of the care planning process by listening to the individual; staff to write down in the individual's care plan any information about the individual's changing needs or preferences e.g. the individual become vegetarian, the individual refused male carers regarding person hygiene; staff to write additional care plan and evaluation to monitor and to adapt the individual's changes; mean staff to refer the individual to the dietitian if the individual is losing weight e.g. staff to take action by prescribing with the accord of the GP nutritional drinks such as Fresubin Energy drink, Fresubin Energy yogurt.

Working with individuals living with dementia and schizophrenia mean staff to adapt actions and approaches in response to an individual's changing needs or preferences regarding the individual senses and communication e.g. the individual might need new glasses; choices and decisions over care e.g. the individual's dementia become worst; lifestyle e.g. the individual refuses to participate in any activities, refused to be include in activities; medications e.g. the individual refuses taking his medications; safety e.g. the individual might become aggressive towards staff and other residents; mobility e.g. the individual cannot walk and need wheelchair; skin care e.g. the individual had a fall and one of the shoulder is showing bruises; washing and dressing e.g. the individual might change his preferences towards personal hygiene – for example an individual was having no preferences of male or female staff and now refuse male staff when being assisted with personal cares; personal hygiene e.g. the individual might become incontinent; eating and drinking e.g. the individual is losing weight; breathing and circulation e.g. the individual is showing problems when breathing; mental health and wellbeing e.g. the individual mental capacity is getting worst – dementia; future decisions e.g. the individual change of opinion regarding resuscitation in case of emergency.
In my health and social care setting, individuals living with dementia are very sensible to the environment they are living in; staff to take into consideration the triggers which lead an individual to have changes and become challenging regarding behaviour. (See page 15 – Graphic of the triggers which lead an individual to have changes and become challenging regarding behaviour.)

Triggers such are: Room Temperature (individuals living with dementia can become upset if they experience the indoor temperature as too hot or too cold); **Noise** (noise is a known stressor to people with dementia, everyday sounds can cause a major upset. Some individuals living with dementia are so hypersensitive to sound they cannot focus on anything else until the sound is removed. Others individuals living with dementia may not hear the actual sound but something else e.g. a telephone ring may sound like a dog barking. Even pleasing sounds, like an individual's favourite music, can be upsetting if the volume is too high); **Searching for Lost Items** (it's common for individuals living with dementia to forget where they've put their belongings and then to wander about searching for them, especially in cluttered environments); **Environmental Hallucinations and Misperceptions** (a hallucination is the perception of things that are not there and may be triggered by something in the environment; individuals living with dementia truly believing that what they see is real); **Unfriendly Bathing** (bathing is a caregiving activity that often triggers agitation. Common triggers are feeling cold, lack of privacy, feeling rushed, running water on the face, confusion about the task and/or not knowing what to do).

I am intimately convinced that for an effective centred person approach way of working goes through a person centred background according to the individual's Religion and beliefs, ethnicity and common language, culture and gastronomy, to fit at best the individual's background of life. This will promote better communication by sharing more common subjects.

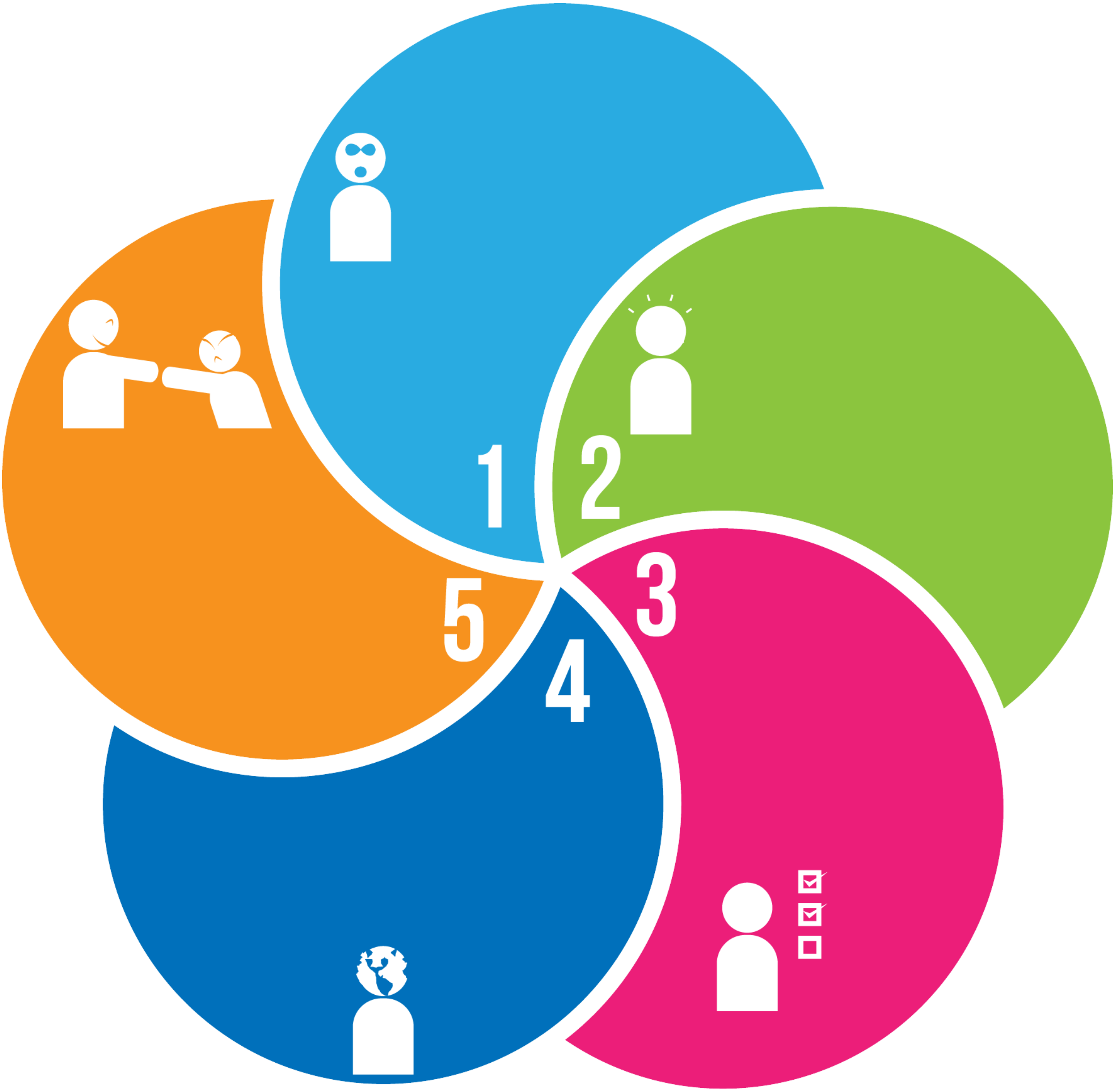
For example, this would be a terrible idea to allocate a care assistant with a German accent to a British resident that was involved in a Nazis concentration camp. This could awaken terrible memories, especially if the resident is living with dementia. Centred person approach means what is best for the individual and means involving the individual at the heart of the care planning process that take into account the person centred values (individuality, rights, choice, privacy, independence, dignity, respect, partnership) and take into account the person centred background e.g. the individual's Religion and beliefs, ethnicity and common language, culture and gastronomy; staff to ensure the preferences and choices of an individual are fully respected.
Religion and beliefs, ethnicity and common language, culture and gastronomy are as much important that the preference of male or female staff regarding the individual personal hygiene.
This is all about the individual wellbeing through effective communication by sharing common backgrounds.

The effects of an individual not having their communication met and how this can be quite damaging to the individual as they will feel frustrated and could even present challenging behaviour. The individual could even become depressed and feel isolated as they are unable to form relationships if the communication is not effective and person centred. Staff to take into consideration that individuals have had different life experiences so some individual communication may be more advanced than others.

To resume, actions and approaches in response to an individual's changing needs or preferences mean working towards person centred outcomes, e.g. satisfaction with care, involvement with care, feeling of wellbeing, creating a therapeutic culture; mean staff to provide the level of support required rather than what services can manage to achieve; mean working with the individual's beliefs and values; providing for physical needs; having sympathetic presence; sharing decision making implementing person centred planning; mean the application of person centred values (individuality; rights; choice; privacy; independence; dignity; respect; partnership); communicate with individuals to find out their history, preference and wishes; communicate with others e.g. team members and colleagues, other professionals, individuals who require care or support, families, friends, advocates or others who are important to individuals; mean staff to work in ways that recognise individual beliefs and preferences; importance of working in a non-judgemental way, not discriminating against any individual; ensuring equality and inclusive practice; promoting the independence and autonomy of individuals; empowering individuals to use their strengths and potential; adapting actions and approaches in response to an individual's changing needs or preferences e.g. changes in physical condition, changes in treatment needs or in response to individual choice; mean staff to work promoting active participation (way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient) ensuring person centred approach are meet.

What are the triggers which lead an individual to have changes and become challenging regarding behaviour?

The triggers which lead an individual to have changed and become challenging regarding behaviour are the following: Room Temperature (1); Noise (2); Searching for Lost Items (3); Environmental Hallucinations and Misperceptions (4); Unfriendly Bathing (5).



Task 3 – Be able to establish consent when providing care or support

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

Consent means informed agreement to an action or decision; permission for something to happen or agreement to do something; the process of establishing consent will vary according to an individual's assessed capacity to consent. Informed consent is a phrase often used in law to indicate that the consent a person gives meets certain minimum standards. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given.

In my health and social care workplace for individuals living with early dementia, factors that influence the capacity of an individual to express consent mean individuals living with severe mental retardation, individuals that lack mental capacity e.g. dementia, schizophrenia, bipolar; mean mental impairment, physical illness, learning disabilities or language barriers; understanding how to work sensitively with individuals who may have an impaired capacity to express consent e.g. adapting working approaches, using physical or communication aids, seeking help where necessary; awareness of choices; poor engagement, poor participation, individual feeling depressed; individuals living with high levels of stress such as PTSD (Post Traumatic Stress Disorder is an anxiety disorder caused by very stressful, frightening or distressing events – Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt); individuals with intellectual or emotional immaturity; individuals being intoxicated e.g. alcohol, drugs; individuals living with severe sleep deprivation such as insomnia that lead to concentrating difficulty, individuals being in a coma.

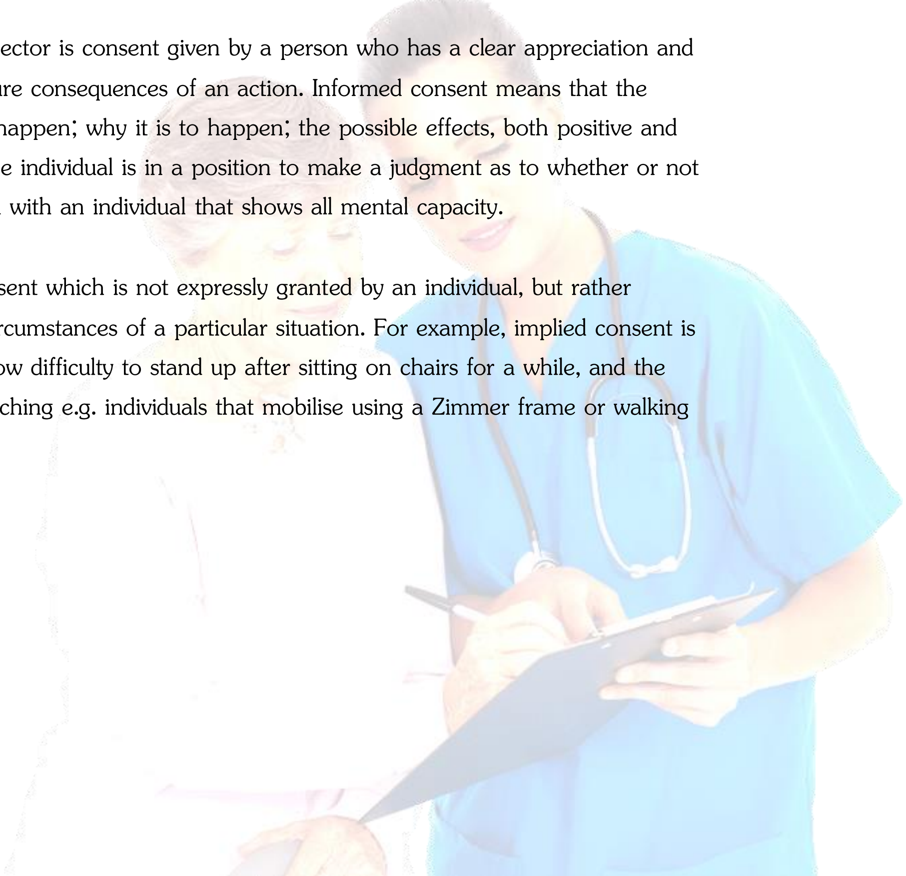
3.2 Establish consent for an activity or action

Within the health and social care sector, staff to establish consent for an activity or action or decision means staff to communicate with the individual through **express consent** via **verbal** or **non-verbal** or in **writing**, through **informed consent**, through **implied consent** according to the individual's preferences of communication. The process of establishing informed agreement to an activity or action or decision with individuals mean ensuring individuals have access to the appropriate information; mean using different communication skills e.g. verbal or non-verbal or in writing through express consent; means establishing communication with the individuals through informed consent; means establishing communication with the individuals through implied consent; staff promoting active listening skills; mean the importance of consultation and inclusive communication; mean staff to respect the individuals' choices; mean staff to listen and respond to individuals' questions and concerns; mean staff to respond appropriately to any questions and concerns; mean staff to show ways of working to resolve conflict if consent cannot be established; mean staff to show professionalism by seeking extra support and advice where necessary; mean staff to provide consent when assisting individuals with personal cares and personal hygiene e.g. staff to provide consent when assisting individuals that show mental capacity, when assisting individuals that lack mental capacity e.g. dementia.

Express consent is clearly and unmistakably stated, rather than implied. It may be given by **verbal** or **non-verbal** or in **writing**. Staff to use **verbal consent** before moving an individual from bed to a chair using lifting equipment; staff to use **verbal consent** before administering medications e.g. pain killer such as paracetamol. Staffs use **non-verbal** consent when using body language e.g. staff moving the hand to show to an individual living with dementia where the toilet is. Staff to use **written consent** when working using person centred approach and active participation with an individual when updating individual's care plan e.g. staff ask the individual to sign the form that relates to emergency medical procedures such as cardiopulmonary resuscitation (CPR), in case of emergency.

Informed consent in a health and social care sector is consent given by a person who has a clear appreciation and understanding of the facts, implications, and future consequences of an action. Informed consent means that the individual has full information about: what is to happen; why it is to happen; the possible effects, both positive and negative. All risks should be explained so that the individual is in a position to make a judgment as to whether or not they wish to go ahead. Informed consent is used with an individual that shows all mental capacity.

Implied consent is a controversial form of consent which is not expressly granted by an individual, but rather inferred from staff's actions and the facts and circumstances of a particular situation. For example, implied consent is when staffs get ready to help individuals that show difficulty to stand up after sitting on chairs for a while, and the individuals raise themselves when staff is approaching e.g. individuals that mobilise using a Zimmer frame or walking stick.



3.3 Explain what steps to take if consent cannot be readily established

Within my health and social care workplace for individuals living with early dementia, steps to take if consent cannot be readily established means staff to document it by writing in the individual's care plan that the individual today did not shows consent e.g. the individual refused having a bath. Senior care staff must inform the N.O.K (Next Of Kin) that the individual refused having a bath after staff ask the individual many times during the day. Individuals living with dementia have the right to refused having a bath or taking medications. Staff duty to ensure all the documentations are written properly and the N.O.K, GP and social workers are informed when an individual refused to be assisted with personal care or taking medications. An individual living with dementia is still a human being with the same rights as others. Human rights don't stop when dementia comes. Staff must work ensuring centred person approach and active participation; staff to respect the choice of an individual when refusing care or medications. This is taking into account the eight values of person centred known as individuality, rights, choice, privacy, independence, dignity, respect, partnership.

Establishing consent while lacking mental capacity - through The Mental Capacity Act 2005

The main function of the Mental Capacity Act 2005 is to provide a statutory framework to empower and protect vulnerable people who are not able to make their own decisions e.g. individuals living with dementia that lack mental capacity. It makes it clear who can take decisions, in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. Human rights don't stop when dementia comes.

Guidance on the Act will be provided in a Code of Practice. People who are placed under a duty to have regard to the Code include those working in a professional capacity e.g. doctors and social workers. The 5 principles that are contained within the Mental Capacity Act 2005 are; A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise; The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions: That individuals must retain the right to make what might be seen as eccentric or unwise decisions; Best interests – anything done for or on behalf of people without capacity must be in their best interests; Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic right and freedoms.

Task 4 - Be able to implement and promote active participation

4.1 Describe different ways of applying active participation to meet individual needs

Active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Different ways of applying active participation to meet individual needs within my health and social care workplace for individuals living with early dementia; mean staff to promote active participation when assisting an individual with personal care and personal hygiene trough bathing or showing e.g. staff to ask to the individual to wash and to dry the face and top part of the body, to clean own glasses, to comb hair, to remove clothes such as polo shirt, pullover, cardigan; mean staff to ask to the individual to walk to the lounge to get the meals rather than to serve meals in the individual room, this will promote better wellbeing through socialisation with the other individuals; mean staff to ask to the individual to help to set up the dining tables e.g. putting plastic glasses, forks and spoons, putting napkins; mean staff to ask to the individual to read the menu and to make choice regarding meals and drinks; mean staff to work as a team with the individuals living with early dementia that show good mental capacity.

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

Within my health and social care workplace for individuals living with early dementia, ways of working with an individual and others e.g. team members and colleagues, other professionals, individuals who require care or support, families, friends, advocates or others who are important to individuals, to agree how active participation will be implemented; mean staff to set meeting involving the individual, N.O.K, Social worker, families, friends, advocates or others who are important to individuals, to discuss about the individual's expectations regarding to maintain independence, staff to discuss regarding the preferences of the individual through care and support e.g. the individual feels more comfortable with female staff or male staff, the individual prefers a bath rather than a shower, the individual prefer cornflakes rather than porridge for breakfast, the individual likes to sleep till 10am, the individual would like to carry on activity such as painting, gardening; mean staff to ask to the N.O.K, families, friends, to fill out with the individual the individual's map or life through questions e.g. favourite subjects, favourite memories, favourite places lived, hobbies and interests, favourite job, where the individual most lived; mean staff to set up meeting to review the individual needs when changes take place into the individual mental capacity, mobility, degree of involvement regarding active participation, through meeting involving the individual, N.O.K, Social worker, advocates, GP. All this information will; help staff to fit at best the individual's needs by providing activities that fit to the individual history, likes and preferences; help staff to promote person centred approach and active participation through care, this will increase the individual wellbeing, independence and self-esteem. Everything is important to make feel the individual like home to maintain mobility, wellbeing, independence and self-esteem.

4.3 Demonstrate how **active participation** can address the holistic needs of an individual

Answer Active participation can address the holistic needs of an individual e.g. physical, emotional, spiritual; theories of motivation and changing behaviour; using incentives through highlighting advantages and benefits of active participation by recording the outcome into the individual's care plan; staff to encourage the individual when providing active participation; staff to provide useful information and choice e.g. asking to the individual to read the menu and to make choice regarding meals and drinks; through meeting involving staff and the individual, N.O.K, Social worker, families, friends, advocates, GP or others who are important to the individual, regarding to maintain individual's mobility, wellbeing, independence and self-esteem; staff to ensure effective communication according to the individual preferred method of communication; staff to write individual's care plan through centred person approach that includes the individual in the centre of the care planning process - this will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team.

4.4 Demonstrate ways to promote understanding and use of active participation

Ways to promote understanding and use of active participation mean; empowering individuals to participate in the activities and relationships of everyday life as independently as possible; the importance of the individual as an active partner in their own care or support, rather than a passive recipient; empowering individuals to participate in their own care; the benefits for individuals of active participation e.g. physical benefits, increased independence, autonomy and wellbeing; possible barriers to active participation e.g. learning disabilities, physical disability or language barriers; ways to reduce barriers to active participation e.g. use of physical, communication or visual aids. Promote understanding and use of active participation mean staff to write individual's care plan through centred person approach that includes the individual in the centre of the care planning process – this will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team; mean staff to set up meeting involving the individual, N.O.K, Social worker, families, friends, advocates, GP or others who are important to the individual, regarding to maintain individual's mobility, wellbeing, independence and self-esteem.

Understanding what active participation is about means staff to always refer to the individual regarding taking decisions, writing care plan, to always establish consent regarding the individual's personal care and personal hygiene; mean to put the individual at the heart of the care planning process through active participation using centred person approach; mean staff to let the individuals, according to the individuals mental capacity, in control of their lives.

Active participation accentuates two key principles underpinning care: the rights of the individual and the independence or autonomy of the individual. Active participation is an approach that enables individuals to be included in their care and have a greater say in how they live their life in ways that matter to them.

The benefits of active participation can be divided into primary benefits and secondary benefits.

Primary benefits include; physical benefits including greater activity levels; increased independence and autonomy in what people do; an opportunity for individuals in health and social care settings to have a say in matters of direct concern to their lives; increased opportunities for social contact and interpersonal relationships; encouraging involvement and self-awareness – individuals become more involved in the community and more aware of opportunities and what they can hope for themselves; increased opportunities for learning and development of important skills, knowledge, education and employment; enhanced well-being, with increases in self-confidence, self-esteem and self-belief.

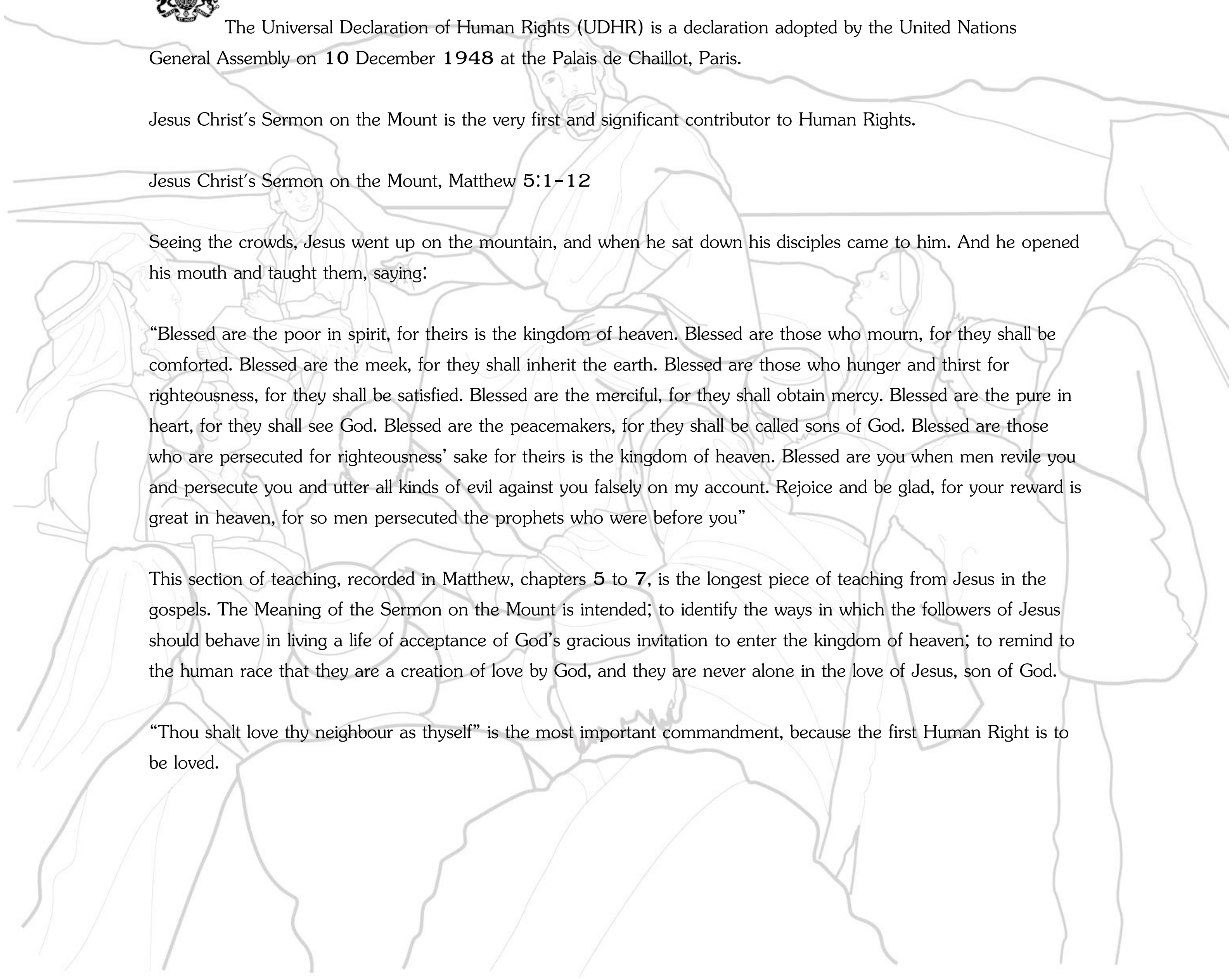
The secondary benefits can be described as benefits that occur as a result of active participation, but are not a direct aim of active participation. These include; decreasing the likelihood of abuse – as the individual engages positively by actively participating is area of their life, such as in personal care, the scope for abuse by others is reduced; decreasing vulnerability – as individuals gain in their self-confidence and self-esteem they are less prone to exploitation and harm from others.

Task 5 – Be able to support the individual’s right to make choices

5.1 Support an individual to make informed choices

The right to make choices underpin the importance of individual empowerment; universal declaration of Human Rights; independence and autonomy of individuals; importance of impartiality, being aware of own attitudes, values and beliefs, not allowing personal views to influence an individual's decision making; awareness of relevant legislation and agreed ways of working that influence individual's rights e.g. equality and human rights, disability discrimination.

The Universal Declaration of Human Rights, legitimate descendant of Jesus Christ's Sermon on the Mount



The Universal Declaration of Human Rights (UDHR) is a declaration adopted by the United Nations General Assembly on 10 December 1948 at the Palais de Chaillot, Paris.

Jesus Christ's Sermon on the Mount is the very first and significant contributor to Human Rights.

Jesus Christ's Sermon on the Mount, Matthew 5:1-12

Seeing the crowds, Jesus went up on the mountain, and when he sat down his disciples came to him. And he opened his mouth and taught them, saying:

“Blessed are the poor in spirit, for theirs is the kingdom of heaven. Blessed are those who mourn, for they shall be comforted. Blessed are the meek, for they shall inherit the earth. Blessed are those who hunger and thirst for righteousness, for they shall be satisfied. Blessed are the merciful, for they shall obtain mercy. Blessed are the pure in heart, for they shall see God. Blessed are the peacemakers, for they shall be called sons of God. Blessed are those who are persecuted for righteousness’ sake for theirs is the kingdom of heaven. Blessed are you when men revile you and persecute you and utter all kinds of evil against you falsely on my account. Rejoice and be glad, for your reward is great in heaven, for so men persecuted the prophets who were before you”

This section of teaching, recorded in Matthew, chapters 5 to 7, is the longest piece of teaching from Jesus in the gospels. The Meaning of the Sermon on the Mount is intended; to identify the ways in which the followers of Jesus should behave in living a life of acceptance of God’s gracious invitation to enter the kingdom of heaven; to remind to the human race that they are a creation of love by God, and they are never alone in the love of Jesus, son of God.

“Thou shalt love thy neighbour as thyself” is the most important commandment, because the first Human Right is to be loved.

Answer> Staff to support an individual to make informed choices by developing respectful relationships; the importance of non-judgemental communication and inclusive information; means the importance of accessible information to ensure an individual who need to make choices can do so in an informed way; information regarding informed choices must be accurate and complete, in a format each individuals can understand, readily available when an individual wants to make decisions; means staff to put individuals in control of their care through centred person approach and active participation in a way that fit their particular needs and preferences; means staff to support individuals through advocacy - advocates are independent of health and social care services, support the individuals with making decisions and speaking for themselves, represent the views of individuals who is unable to do so themselves; means staff to maintain good communication with others who are important to individuals e.g. N.O.K, Social worker, families, friends, advocates, GP.

Within my health and social care workplace for individuals living with early dementia, ways to support an individual to make informed choices means individuals on DOLS, this means staff working through the five principles that are contained within the Mental Capacity Act 2005, known as; A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise; The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions: That individuals must retain the right to make what might be seen as eccentric or unwise decisions; Best interests – anything done for or on behalf of people without capacity must be in their best interests; Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic right and freedoms.

DOLS stands for Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

In my workplace setting, I am working as a senior care assistant for older people living with early dementia; some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests.

5.2 Use own role and authority to support the individual’s right to make choices

I am working as a senior care assistant for older people living with early dementia. My role and authority to support the individual’s right to make choices; means I feel confident and assertive regarding my duty of care; means I am aware of relevant legislation and agreed ways of working that are in place within my working setting; means I act as an advocate in supporting an individual's right to choose; means I am aware of the importance of inclusive practice and awareness of discrimination issues; means I work in a centred person approach that put the individual at the heart of the care planning process while I promote active participation, after I established the consent of the individual I am assisting through personal care and hygiene.

My role and authority to support the individual’s right to make choices means working with the individual's N.O.K and best interest people as all of the individuals I care for are living with early dementia and so lack mental capacity regarding choices and decisions over care. Some of my residents are on DOLS. The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. In my work setting, each individual living with dementia gets a person care plan named My Day My Life care plan.

My Day My Life care plan is aims to work in a person centred approach that includes the individual in the centre of the care planning process. This will promote active participation by enhancing the individual's wellbeing by feeling valued as part of the care team. All the information regarding the resident's communication needs can be found in the resident's My Day My Life care plan folder. The resident's My Day My Life care plan folder is giving up to date and relevant information regarding the resident's senses and communication; choices and decisions over care; resident's lifestyle; what make the resident a healthier and happier life; to ensure the resident's safety when moving around, the resident's skin care, the resident's washing and dressing preferences; the resident personal hygiene, the resident's eating and drinking preferences, any resident's breathing and circulation problems, the resident's mental health and wellbeing; and the resident's future decisions. All those information are about two main questions. What can the person do for them self? What support does the person need from you?

From A to Z, My Day My Life care plan folder is person centred approach. Some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests. DOLS act regarding some of my residents behaviour such as risk of self-harm is leaving the unit, tendency for leaving the unit, showing sexual inappropriate comportment regarding care. This means I am working through the five principles that are contained within the Mental Capacity Act 2005, known as; A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise; The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions: That individuals must retain the right to make what might be seen as eccentric or unwise decisions; Best interests – anything done for or on behalf of people without capacity must be in their best interests; Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic right and freedoms.

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

Within my health and social care setting working as a senior care assistant with individuals living with early dementia, manage risk in a way that maintains the individual’s right to make choices means staff to respect the individuals' choices; means staff to ensure the use of agreed risk assessment processes to support individuals in making choices e.g. health and lifestyle choices, decisions about treatment or care; means individuals showing awareness of actual or likely danger of harm arising from choices made e.g. increased vulnerability, impact on treatment or recovery; means staff to use risk assessments and use additional plans of care that will underpin every aspects of the risk through questions.

For example, one of my service users likes having lunch in the quiet lounge with the family members when they come. The quiet lounge is quite far from the main lounge and my service user lacks mobility and needs to be transferred assisted by two members of staff using a wheelchair. Staff to refer to the moving and handling risk assessment within my service user personal care plan regarding the service user requirements e.g. – Does the individual have any specific communication needs? – Is the individual agitated or confused? – Does the individual experience repetitive or involuntary movements or impaired or restricted mobility? – Are there any concerns around individual compliance?; regarding the service user personal factors e.g. – Relevant medications such are sedatives, hypnotics, analgesics – Relevant medical conditions such are stroke, diabetes, cognitive impairment – Does the individual experience pain when moving? – Is the individual's skin integrity impaired? – Are there any religious, cultural considerations when moving the individual? – Does the individual experience day or night variation? – Does the individual have any medical attachments? such are Percutaneous Endoscopic Gastrostomy (PEG), urinary catheter, artificial limb; regarding the service user safe handling plan regarding task (what the individual can do) e.g. turning in bed, moving up down in bed, in and out of bed, chair to wheelchair, bed to chair and chair to bed, chair to chair commode, repositioning in chair, standing, walking, toileting, bathing; number of staff (generally one or two) e.g. one member of staff to ensure safety regarding poor walking, two members of staff regarding toileting for an individual that lack mobility; equipment e.g. use of the individual's Zimmer frame or host; any special precautions e.g. individual's history of falls, dislocated shoulder. If the individual requires the use of a wheelchair, as my service user, additional questions have to be answered such are; How frequently does the individual uses the wheelchair? – Does the individual require the use of footplates? – Does the individual require the use of a posture belt? – Does the individual able to fit and adjust the wheelchair belt? – With a posture belt fitted, is the individual at risk of sliding down in the seat and causing an entrapment risk?

Also risk assessment has to be review monthly or when any major changes occur in the individual mobility. Risk assessments and additional plans of care must be in place in the individual personal care plan regarding; disability or impairment; health conditions or mental health problems; activities while out in the community or in a social care setting; everyday activities which may be increased by a disability; delivery of care and support; use of medication; misuse of drugs or alcohol; behaviours resulting in injury, neglect, abuse or exploitation by self or others; self-harm, neglect or thoughts of suicide; aggression or violence of self or others.

A health and safety approach to risk identifies 5 key steps: Identify the hazard, Identify the risk (who may be harmed and how), Evaluate the risks and decide on precautions, Record findings and implement them, Review the risk assessment and update if necessary.

What is a risk?

A risk takes account of the likelihood of a hazard occurring (likelihood of a risk occurring) and include the possibility of severity, danger, damage and destruction to the environment and goods, and the possibility of injury and harm to individuals (magnitude of impact if risk event occurs). Risk means the likelihood of danger, harm or abuse arising from anything or anyone. Qualitative risk assessment involves making a formal judgement on the consequence and probability. Risk = Likelihood X Severity (Example: 4/10 likelihood of bags on the floor in a class room X 5/10 severity of trips caused by bags on the floor in a class room = 4 X 5 = 20 on a risk severity scale of 100)

What are the 5 key steps to identify a risk?

The 5 key steps to identify a risk according to a health and safety approach are the following: Identify the risk factors; Who can be harmed and how; Evaluate the risks; Record your findings; Monitor and review.

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

Empowering and supporting an individual to question or challenge decisions concerning them that are made by others (N.O.K, families or friends having a Lasting Power of Attorney (LPA), Social worker); means staff to work within the 5 principles that are contained within the Mental Capacity Act 2005 (A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise; The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions: That individuals must retain the right to make what might be seen as eccentric or unwise decisions; Best interests – anything done for or on behalf of people without capacity must be in their best interests; Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic right and freedoms) when an individual lacks mental capacity regarding choices and decisions over care; means staff to ensure individuals under Deprivation of Liberty Safeguards (DOLS) are cared in a way that respect why the individuals are on DOLS.

The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. In my workplace setting, I am working as a senior care assistant for older people living with early dementia; some of my residents are on DOLS. That mean their live under Deprivation of Liberty Safeguards because they are no longer able to make decisions regarding their care planning process due of living with advanced dementia. DOLS act in their best interests.

A Lasting Power of Attorney (LPA) is a legal tool that allows an individual to appoint a friend (and becomes the individual's N.O.K) to make certain decisions on the individual's behalf. The appointed friend can manage the individual's finances when the individual reach a point where the individual is no longer able to make decisions e.g. individual living with dementia.

Task 6 - Be able to promote individuals' wellbeing

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

Identity means, who an individual is, means the qualities of an individual that make the individual different from the other individuals.

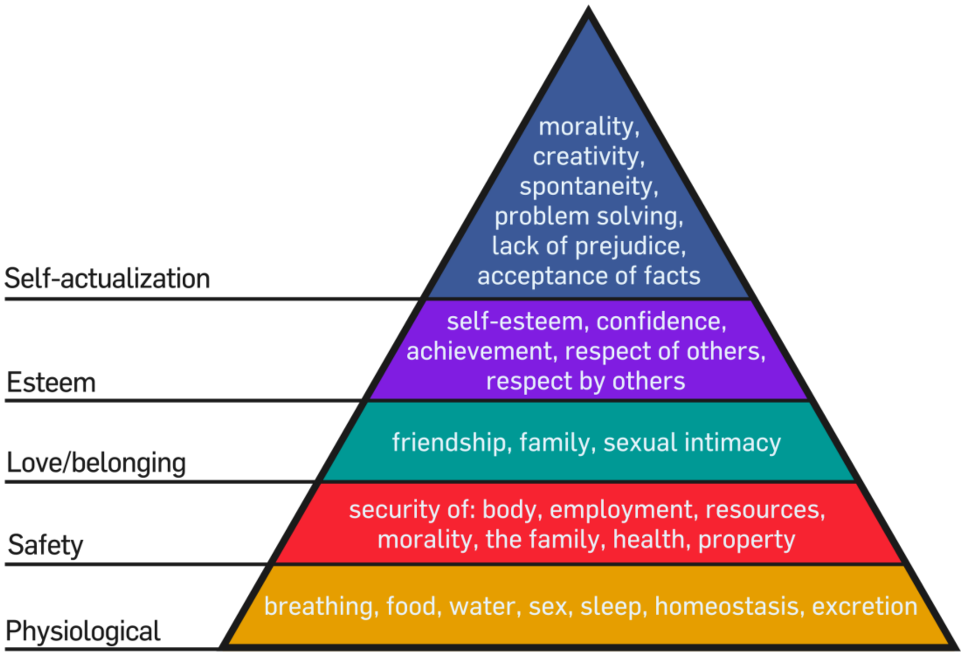
Self-image means the idea an individual has of personal's abilities, appearance, and personality.

Self-esteem means the confidence in individual's personal worth and abilities.

To resume, identity means the individual personal history, background of life; self-image is the mental picture build on three views, on how the individual sees himself or herself, on how others see the individual, and on how the individual perceives others see him or her; self-esteem means, how you feel about yourself, means having a positive or negative image of self. The links between identity, self-image and self-esteem are that, these terms belong to centred person approach. Identity, self-image and self-esteem are personal and belong to the individual only. This is part of diversity; everyone is different, working in a health and social care setting, duty of staff to celebrate this difference by working in a centred person approach that put in individual at the heart on the care planning process. When diversity and inclusion are part of everyday routine within a health and social care setting, the discrimination factor is less likely to appear. God created us all different; our only task is to live in a way that promotes this difference by loving each other.

What is the Maslow's hierarchy of needs?

Psychologist Abraham Harold Maslow (1908-1970) was an American psychologist who was best known for creating Maslow's hierarchy of needs, a theory of psychological health predicated on fulfilling innate human needs in priority, culminating in self-actualization. Maslow used the terms "physiological", "safety", "love and belonging", "esteem", and "self-actualization" to describe the pattern that human motivations generally move through.



What is The Harrill Self-Esteem Inventory?

The Harrill Self Esteem Inventory is a questionnaire comprising 15 statements about a range of interest to help of measuring self-esteem.

The Harrill Self-Esteem Inventory:

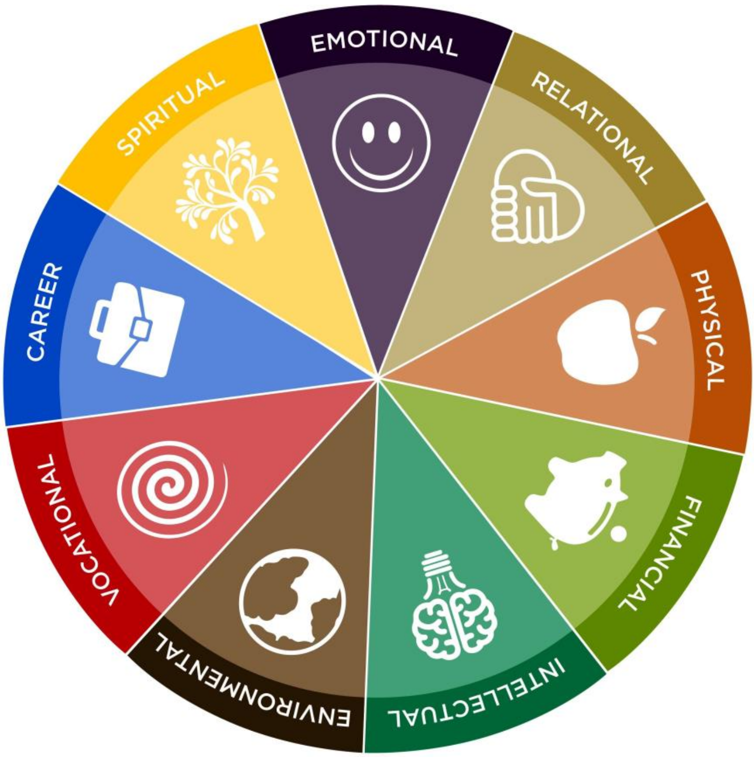
Rate yourself on each with a scale of 0 to 4 based upon your current thoughts, feelings, and behaviours:

0 = I never think, feel or behave this way. 1 = I do less than half the time. 2 = I do 50% of the time.
3 = I do more than half the time. 4 = I always think, feel or behave this way.

1. I like and accept myself right now, even as I grow and evolve.
2. I am worthy simply for whom I am, not what I do. I do not have to earn my worthiness.
3. I get my needs met before meeting the wants of others. I balance my needs with those of my partner and family.
4. I easily release negative feelings when other people blame or criticize me.
5. I always tell myself the truth about what I am feeling.
6. I am incomparable and stop comparing myself with other people.
7. I feel of equal value to other people, regardless of my performance, looks, IQ, achievements, or possessions (or lack of them).
8. I take responsibility for my feelings, emotions, thoughts, and actions. I do not give others credit or blame for how I feel, think, or what I do.
9. I learn and grow from my mistakes rather than deny them or use them to confirm my unworthiness.
10. I nurture myself with kind, supportive self-talk.
11. I love, respect, and honour myself.
12. I accept other people as they are, even when they do not meet my expectations, or their behaviours and beliefs are not to my liking.
13. I am not responsible for anyone else's actions, needs, thoughts, moods, or feelings, only for my own (exception, my own young children).
14. I feel my own feelings and think my own thoughts, even when those around me think or feel differently.
15. I am kind to myself and don't uses "should" and "ought" to put myself down with value judgments.
16. I allow others to have their own interpretation and experience of me and realize I cannot control their perceptions and opinions of me.
17. I face my fears and insecurities, taking appropriate steps to heal and grow.
18. I forgive myself and others for making mistakes and being unaware.
19. I accept responsibility for my perceptions of others and for my response to them.
20. I do not dominate others or allow others to dominate me.
21. I am my own authority. I make decisions with the intention of furthering my own and others' best interests.
22. I find meaning and have purpose in my life.
23. I balance giving and receiving in my life. I have good boundaries with others.
24. I am responsible for changing what I do not like in my life.
25. I choose to love and respect all human beings regardless of their beliefs and actions. I can love others without having an active relationship with them.

6.2 Analyse factors that contribute to the **wellbeing** of individuals

Factors that contribute to the wellbeing of an individual are the following; emotional; relational; physical; financial; intellectual; environmental; vocational; career; spiritual.



Other factors that contribute to the wellbeing of an individual living within a health and social care sector may include aspects that are; cultural e.g. staff to respect and to promote the individual's likes and dislikes, choices and preferences; religious e.g. individuals going to the Church, means relationships with other individuals sharing the same religion, belief, faith; social e.g. staff to promote inclusion through group activities with other individuals; political e.g. individuals voting for elections; emotional e.g. individuals having close bonds with own family and friends, sharing good memories, looking at photos. Others values that underpin within my work setting and contribute to the wellbeing of individuals through the rights; to be treated as an individual; to be treated equally and not be discriminated against; to be respected; to have privacy; to be treated in a dignified way; to be protected from danger and harm; to be supported and cared for in a way that meets their needs, takes account of their choices and also protects them; to communicate using their preferred methods of communication and language; to access information about themselves.

6.3 Support an individual in a way that promotes their sense of identity, self-image and self-esteem

Identity means the individual personal history, background of life; self-image means the mental picture build on three views, on how the individual sees himself or herself, on how others see the individual, and on how the individual perceives others see him or her; self-esteem means, how you feel about yourself, means having a positive or negative image of self. To support an individual in a way that promotes the individual personal history, background of life, that promotes how the individual sees himself or herself, on how others see the individual, and on how the individual perceives others see him or her, and that promotes how the individual feels about himself or herself, having a positive or negative image of himself or herself; means for example staff to ensure Mr T.S (an individual living with early dementia that uses to work for the BBC as a reporter) is watching BBC News in his room as he uses to do before living with early dementia. This will promote his identity as he uses to work as a reporter, this will promote his self-image through his personality, this will promote his self-esteem as Mr T.S uses to be a reporter and by watching BBC News he is aware of what is happening in the world; means for example staff to book a cab for Mrs M.R (an individual living with early dementia that uses to be very active working as an English teacher) to allows her to go to the day centre two times a week escorted by one member of staff. This will promote her identity as she uses to work as an English teacher, this will promote her self-image through her personality, this will promote her self-esteem as Mrs M.R uses to be a very active English teacher she is feeling important as an active partner helping the day centre staff to set the tables ready to play bingo and other social group games. To resume, support an individual in a way that promotes their sense of identity, self-image and self-esteem means; the importance of individual identity and self-esteem; the links between identity, self-image and self-esteem; understanding emotional literacy; awareness of individual's feelings; the importance of privacy, maintaining dignity; providing support and encouragement for individuals; respecting the spiritual, religious and cultural beliefs of individuals.

French Culture Cliché

6.4 Demonstrate ways to contribute to an environment that promotes wellbeing

Answer Ways to contribute to an environment that promotes wellbeing for an individual within a care home setting is constituted of three elements: physical, people, and environmental.

The environmental factors play an important part in an individual's wellbeing, and much more for an individual at the end of life. For example, personalised the individual's room is very important for the individual's wellbeing. This can include simple things such as rearranging furniture in the room of the individual with the personal furniture of the individual, that help to make feel the individual like home, with the personal clock, the personal and favourite painting, objects such as personal books, personal perfume, a TV, a radio to listen a relaxing music, some personal pictures, religious pictures and objects according to the individual's religion. This also include, moving an armchair or a bed in front of a window to enable the individual to gain a view and stimulate their senses. Simple environmental factors such as a vase of flowers, softer lighting or relaxing music to achieve a pleasant atmosphere, helps in all ways, to maintain the wellbeing of the individual as good as possible. For an individual at the end of life, it is very important to know the date and time, and to feel the outside elements, such as wind; for example moving the bed closer the window and to open the window allow the individual at the end of life to feel the wind, that help to stay in contact with the outside world. A positive moral for an individual at the end of life is crucial, and give the boost needed for the individual to eat, to drink, and to fight for life.

Ways to contribute to an environment that promotes wellbeing for an individual within a care home setting means working in partnership to set realistic and achievable goals; means empowering individuals to develop confidence and feel good about themselves; means creating and maintaining a positive environment to promote the wellbeing of individuals e.g. attitudes, activities, surroundings, outings; means fostering positive relationships; means encouraging open communication; means supporting agreed ways of working that contribute to the wellbeing of individuals by working in a person centred approach that promotes active support and active participation, this will contribute to an environment that promotes wellbeing – environment that promotes wellbeing is constituted of physical, people, and environmental elements.

Person centred approach is a non-directive approach to being with another; that believes in the others potential and ability to make the right choices for an individual, regardless of the therapist's own values, beliefs and ideas.

Active support means support that encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages individuals with disabilities to maximise their own potential and independence.

An active participation is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Task 7 – Understand the role of risk assessment in enabling a person centred approach

What is a risk assessment?

A risk assessment is a systematic method of looking at work activities, considering what could go wrong, and deciding on suitable control measures to prevent loss, damage or injury in the workplace. The assessment should include the controls required to eliminate, reduce or minimise the risks.

Within the health and social care sector, the role of risk assessment in enabling a person centred approach means person centred approach in communication risk information; means empowering individuals to make informed decisions in relation to perceived risks and consequences; means individuals as active participants in decision making; means evaluating and appraising advantages and disadvantages e.g. relating to healthy lifestyle decisions like smoking, drinking and obesity; means assessing and considering the benefits and drawbacks e.g. relating to specific investigations or treatment decisions; means calculating risks involved e.g. in relation to surgical procedures, invasive tests or life threatening situations; means judging decisions e.g. relating to care and support, end of life decisions; means reviewing and monitoring progress e.g. effectiveness of individual care plans; means the impact of rights and responsibilities in risk taking; means the importance of accountability; means the changing nature of risk assessment, the importance of regular review in conjunction with changing individual needs.

7.1 Compare different uses of risk assessment in health and social care

Different uses of risk assessment in my health and social care setting mean working in a centred person approach that put the individual at the heart of the care planning process through staff filling out the different risk assessments that are within the individual's care plan known as my day my life care plan.

My day my life care plan is composed of 13 chapters that focus on the individual regarding; senses and communication; choices and decision over care; lifestyle; healthier, happier life; safety; moving around; skin care; washing and dressing; going to the toilet; eating and drinking; breathing and circulation; mental health and wellbeing; future decisions.

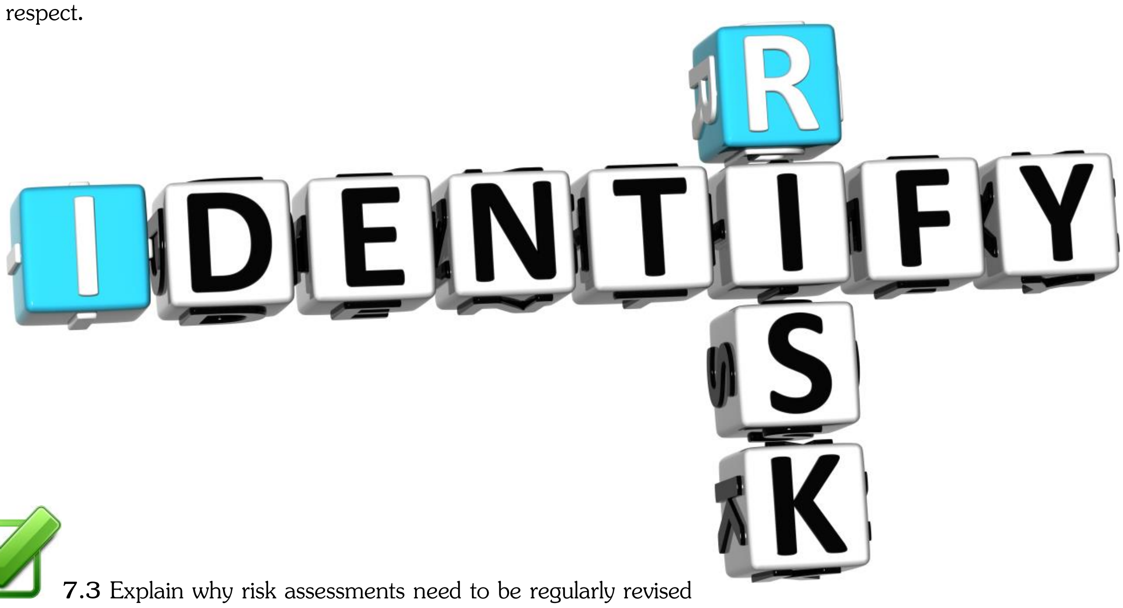
Staff to put in place different risk assessments in relation to the chapters of; choices and decision over care, that will able staff to assess the individual regarding the individual choices and preferences and mental capacity assessment e.g. making best interest decision for the individual when lacks mental capacity due of living with dementia; healthier, happier life, that will able staff to assess the individual regarding self-medication assessment; safety, that will able staff to assess the individual regarding bedside rails risk assessment; moving around, that will able staff to assess the individual regarding moving and handling risk assessment and falls risk assessment using falls diary; skin care, that will able staff to assess the individual regarding water low assessment and wound care assessment; washing and dressing, that will able staff to assess the individual regarding oral care assessment; going to the toilet, that will able staff to assess the individual regarding continence assessment; mental health and wellbeing, that will able staff to assess the individual regarding cognitive assessment tool and behavioural assessment tool. All those risk assessments are person centred approaches through two main questions: What can the individual do for himself, herself? What support does the individual need from staff?

To resume, risk assessments will enable individuals in ways that could be considered as too risky e.g. individual with poor mobility going out to walk around the garden escorted by one member of staff. Having completed the risk assessment process will help to raise all concerns regarding potential hazards in relation with the activity and will help to minimise the risks for the individual and staff.

Taking controlled risks using risk assessment will enable the individual to achieve more and will enhance the individual's wellbeing through having a sense of self-esteem, confidence, achievement, respect of staff and other individuals, respect by staff and other individuals. The individuals will be seen as an active partner in their own care or support, rather than a passive recipient. Duty of staff to encourages individuals to do as much for themselves as possible to maintain their independence and physical ability and encourages individuals with disabilities to maximise their own potential and independence. Risk assessments can allow an individual to do something that was deemed too risky or unlikely at the beginning.

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

Risk-taking and risk assessment relate to rights and responsibilities because risk-taking and risk assessment are directly in relation with the individual rights and responsibilities. For example, an individual that lack capacity regarding cognitive impairment through having trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life, is still a citizen with the same equal human rights as other people. They have the right to take risks like everyone. Also they have the responsibility to think through what might happen to the individual and other people if taking risk. Within the health and social care sector, risk assessments are meant to help staff and individual to think together and to take steps to cut down on the risks so that the individual will be able to achieve something that was deemed too risky or unlikely at first. Risk-taking and risk assessment relate to rights and responsibilities through; having choices for the individuals; maintaining the individual independence and physical ability; encouraging individuals with disabilities to maximise their own potential and independence; maintaining dignity and respect.



7.3 Explain why risk assessments need to be regularly revised

Within the health and social care sector, risk assessments need to be regularly revised because the individual's care needs are changing through time. For example, in my health and social care setting, an individual living with early dementia will gets worst through time. The individual's speech, capacity making regarding choices and decisions, likes and dislikes, medications, safety, mobility, skin integrity, personal care and personal hygiene, eating and drinking, breathing, mental capacity and future decisions regarding care of end of life, will change and will get worst as part of evolution of the dementia. Dementia is a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning. An individual that is able to walk independently, to eat and drink independently, to maintain personal hygiene, can change radically in a couple of months due of dementia that affects the brain functions, and become an individual that needs a wheelchair to mobilise under safety from staff, that needs to be assisted regarding feeding and personal cares as the individual can become double incontinence. Duty of staff to review risk assessments when major changes occur in an individual's health. An individual living with dementia is still a human being with the same rights as other people.