

Financial barriers

GETTING STARTED

Make a list of what you think is free on the NHS and then make a list of what you think has to be paid for.

Generally, there is no such thing as a service that is free. Although some parts of health and social care services cost nothing, the service user usually pays for others.

Who pays and who goes free

In the UK today, residents do not pay for many of their treatments on the NHS. For example, seeing a doctor and using the emergency services are all free. Some visitors and non-residents may have to pay for some of the services.

But some health and social care services are not free – for example:

- optical care
- dental care
- complementary therapies (such as massages and reflexology)
- chiropody (treatment of the feet, sometimes for painful conditions that make walking difficult)
- care and support services.

Some people who cannot afford the cost of this care or therapies may decide to go without, which could make their condition worse.

Many people also pay for their prescriptions (the medicines prescribed to them by doctors), although others may be exempt (not have to pay because of their age or circumstances). Table 2.9 gives more details about who can get help with health care charges.

Table 2.9: Who gets help with health care charges?

Free prescriptions	Free dental care	Eye care
People over 60		People over 60
People under 16	People under 18	People under 16
People under 19 in full-time education	People under 19 in full-time education	People aged 16, 17 and 18 in full-time education
Pregnant women	Pregnant women	People registered as partially sighted or blind
Women who have had a baby in the last 12 months	Women who have had a baby in the last 12 months	People diagnosed with glaucoma or diabetes and/or who are over 40 with a family history of glaucoma
Some people on low income and benefits	Some people on low income and benefits	Some people on low income and benefits
People with cancer	If you are in an NHS hospital when you need treatment	A prisoner on leave



- This person is having a free sight test because they are aged 18 and in full-time education

Barriers to accessing a needed service

- Some people may not be able to afford the services they need – for example, a new pair of glasses because their eyesight has changed. Often, regular dental and eye checks can prevent further more serious and expensive issues. Although these checks can be free for some groups of people using the NHS, others might have to pay. Having to pay for treatment is a serious financial barrier for many in society and may prevent them getting the health and social care treatment they need.

ACTIVITY

- 1 Using the NHS website (www.nhs.uk) find who is exempt from dental and optical care costs.
Josephine is 30 years old. She needs to pay for NHS dental and sight tests. She made an appointment for both. Her first appointment is at the dentist. She needs to have one filling.
 - 2 In your group, read the scenario and answer questions:
The next day Josephine has her sight test. She needs to wear glasses.
 - 3 Compare answers with others in the class.
- a How much will she pay?

Travel costs

Most individuals accessing services will need to pay their own travel costs. These costs can be expensive and may include:

- bus and train fares
- taxis and other private transport
- petrol and parking fees.

Some people may be able to claim back costs if they meet the correct criteria – for example, through the NHS Low Income Scheme. However, others will need to pay themselves. The more frequently they need treatments, the more it will cost them.

ACTIVITY

Some people need to pay for their own care and this can be expensive. Find out how much it costs to stay in a residential care home for a month; research local providers.

Loss of income during treatment

Some people needing treatment such as chemotherapy or physical care (because of an accident) may need to take time away from work. In some instances, this can mean that their income will stop. In other cases, a family member who is acting as a carer may also need to take time away from paid work.

Fear of losing income can be a serious barrier to health care for some families.

CHECK MY LEARNING

What other financial costs might people incur when accessing services?

LINK IT UP

To find out more about how finances can affect health and wellbeing, go to Section A1 in Component 3.

LINK IT UP

To find more about income and its positive and negative effects on health and wellbeing, go to Section A1 in Component 3.

DID YOU KNOW?

If you need to pay for many prescriptions, you can save money buying an NHS prescription prepayment certificate. The certificate covers dental prescriptions. You can pay by direct debit (regular monthly payments) to make it less of a financial strain.

Learning aim A: assessment practice

How you will be assessed

In this component, you will need to show your understanding of the topics by completing two internally assessed assignments; one to cover Learning aim A and one for Learning aim B.

You have now studied all the topics in Learning aim A. You will need to demonstrate that you know about the different types of health and social care services and the barriers to accessing them by completing the activities.

CHECKPOINT

Strengthen

- Give one example for each type of care: primary, secondary, tertiary.
- Identify four allied health professionals and explain their roles.
- Describe two physical and two psychological barriers to accessing health care services.
- Give a definition and one example each of who might use: foster care, residential care.

Challenge

- Think about someone you know and assess how one of the health services meets their needs.
- Explain two ways an 85-year-old man with hearing difficulties can overcome barriers to accessing health services.
- What barriers to exist for children in foster care? Suggest how they could be overcome.

TAKE IT FURTHER

- Have you considered the positives and negatives of each of the services and thought about how suitable they would be for 6-year-old Millie?
- Have you made realistic suggestions about how the barriers could be overcome?
- Have you provided clear justifications for your answers?

TIPS

Think about the types of primary care Millie could access. Do you think Millie might be referred to secondary care services? How would they help to meet her specific needs?

ASSESSMENT ACTIVITY

LEARNING AIM A

Part 1:

Millie is 6 years old. She has had many infections recently and has been very tired. She has had a lot of time off school. Millie's mum is worried today: Millie has a very high temperature and is weak.

Millie lives in a small village on the outskirts of town. Her mum does not drive. The bus service is limited. Millie has a brother who is 3 years old.

Her mum feels that Millie needs to see a health care practitioner soon, because her condition seems to be getting worse. Millie is very afraid of new situations.

- 1 Research information and write a report about the different services suitable for Millie to access.
- 2 Assess the suitability of each service for Millie and her family.
- 3 For one health service you have described, where there are barriers to access, make justified suggestions how the service provider or Millie/her mum can overcome them.

ASSESSMENT ACTIVITY

LEARNING AIM A

Part 2:

Mrs Johnson is 72 years old and lives in a rented home. Until recently, she has been fully independent and had a cleaning job at her local pub. But then she had a mild stroke which resulted in some loss of mobility. Things are getting difficult; she needs some assistance with personal care. Mrs Johnson is considering the social care services available to help support her needs. She is considering domiciliary, residential and informal care that could be supported by her daughter who lives nearby.

Mrs Johnson loves gardening and she has many friends. She likes to visit the hairdresser regularly, but because of her stroke she has not been out to the salon lately to have her hair and nails done. Mrs Johnson does not have many savings.

- 1 Research information about services that are available to meet Mrs Johnson's social care needs.
- 2 Include details of the service they provide and consider the suitability of each option based on the information that you know about Mrs Johnson.
- 3 For one of your suggestions of a care service, are there any potential barriers? Make justified suggestions as to how these barriers could be overcome.

TAKE IT FURTHER

- When researching the different providers, did you discover any services that were provided within the service, for example, leisure activities?
- Did you consider what local services could support a person having domiciliary care?

TIPS

- Consider Mrs Johnson's lifestyle/preferences. How suitable is each option?
- For one of the services, what barriers exist? Make justified suggestions as to how they are overcome by the service provider or Mrs Johnson.

Empowering and promoting independence

GETTING STARTED

Try to write definitions for the words 'empower' and 'independence'. Then check your definitions against a dictionary. Were you right?

KEY TERMS

Self-respect is valuing yourself.
Person-centred approach is respecting and empowering individuals.

Rules for how health and social care practitioners' work with individuals are very important. These 'care values' can help individuals feel empowered to make independent decisions.

Care values

When our health is being looked after, we should all be able to keep our **self-respect**, dignity and safety. But this can be difficult for weak or vulnerable individuals. They may feel a loss of independence because they have to rely on others to help them. This is where care values can help. Carers/practitioners use these 'rules' (or guidelines) to help individuals retain what is important to them.

Take a look at the seven care values in the diagram below. These values can be put in place when practitioners/carers use a **person-centred approach**. It is important to recognise what each of the care values means so that individuals can be supported in the best possible way.

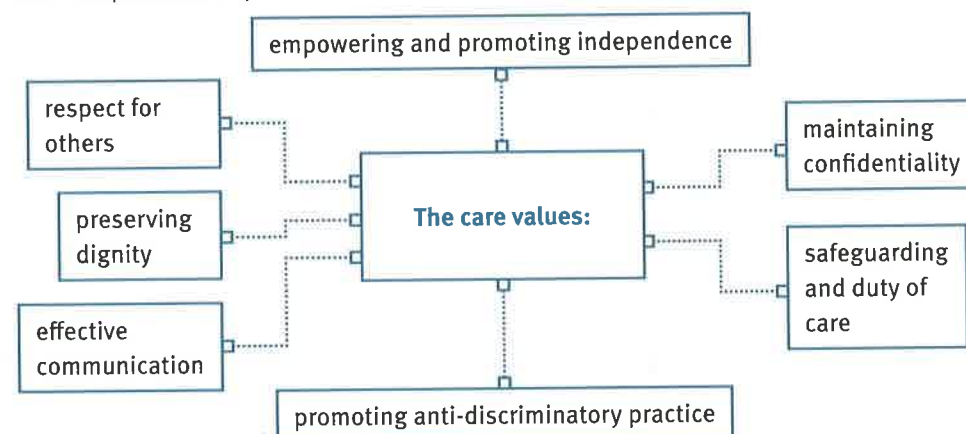


Figure 2.10: Delivering best practice support

Empowerment

Empowerment is when you feel in control of your life. Imagine if other people made all your decisions for you. How would you feel? No matter how limited our abilities may be, we should all be able to 'have a say' about our own lives. Some people may need help with empowerment, because of their age, circumstances or levels of confidence – for example:

- children and young people
- children and adults with specific needs
- individuals who have learning disabilities
- individuals with physical disabilities
- older people.

Empowerment is important for individuals using health and social care services. It allows them to make choices about treatment and services. They will have been given the information they need to:

- think through the advantages and disadvantages for them
- make safe choices.

Some individuals may need the help of an advocate to empower them. An advocate is someone who can help them put forward their views when they are unable to do so themselves.



This man is being empowered to make decisions about his life; an advocate is helping him to make decisions

Independence

Independence is about having control of our life, being able to do things for ourselves, and not relying on others.

Many of us will experience independence in our lives. But events can happen to some people that will take their independence away – either totally or in part – as the diagram shows.

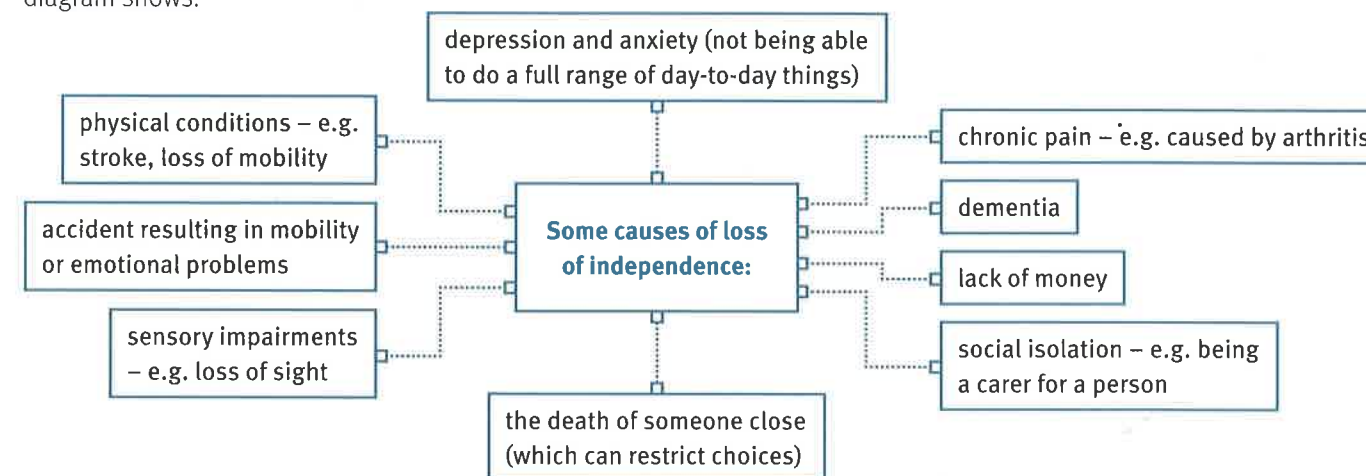
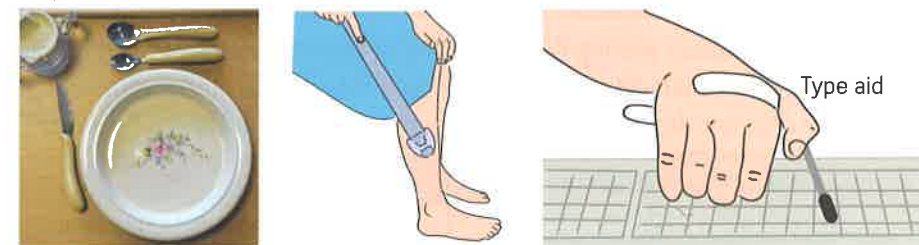


Figure 2.11: Examples of how independence can be compromised

Caring for individuals who lose independence

When people lose part or all of their independence it is important to be patient with them. There may be a temptation to do everything you can for them – for example, feed them, dress them, wash them and talk on their behalf. Instead, the individual needs to be given tools to:

- do what they can for themselves
- express their wishes.



How can the tools shown empower people who have lost independence?

ACTIVITY

- For each of the three images above, give one example of how the item could empower and promote independence.
- In your group, read the scenario and answer the question.
Mr Ahmed has arthritis. His joints are sore and swollen. He used to be a solicitor and write a lot, but his fingers have become very stiff and sore.
- With a partner, role play how you would empower a person to express their choices at mealtimes and to be as independent as possible while eating.
- Research useful equipment that will give him empowerment and independence with eating, moving, hygiene and communication. Present your findings on a poster and share with the class.

CHECK MY LEARNING

Imagine you only have the use of a couple of fingers on just one hand. What computer and other equipment could help you to continue with learning? Research your options.

Respect for others

GETTING STARTED

What does 'respect' mean to you? Think about times when you have shown respect for someone else. Maybe you let a parent with a small child on the bus ahead of you. Make a list and compare with your partner.

Do you consider other people's feelings? Do you treat them in a courteous way? This is being respectful. Being respectful when working in health and social care shows we care.

Tolerance and acceptance

It seems that most people are very quick to judge others and form opinions. We might even fall out with family and friends because we do not agree about our thoughts, actions and beliefs. Respect is about trying to reach an understanding of someone else's views and opinions. It is about:

- being tolerant of others
- accepting their views (as we hope they would accept ours)
- accepting and keeping an open mind about different behaviours and faiths.

ACTIVITY

Read the scenario and answer the questions.

Nathan will soon celebrate his 14th birthday. He has made a list of who he wants to invite to the party and is preparing invitations, including his friend Jon, a Jehovah's Witness – they do not celebrate birthdays. Nathan invites Jon anyway; he does not want Jon to feel left out. He includes a note with the invitation saying he understands if Jon

chooses not to come. He values his friendship and also asks if Jon would like to spend a day with him at the weekend.

- 1 Do you think Nathan was being a good friend and showing respect? Give your reasons.
- 2 How do you show respect and tolerance towards other people who have different views from yours? This might include your friend. Give three examples.

Respecting privacy

Respect can also be about privacy. For example, how would you feel if someone read your text messages without your permission or came into your bedroom without knocking? The diagram shows some other ways of respecting privacy.

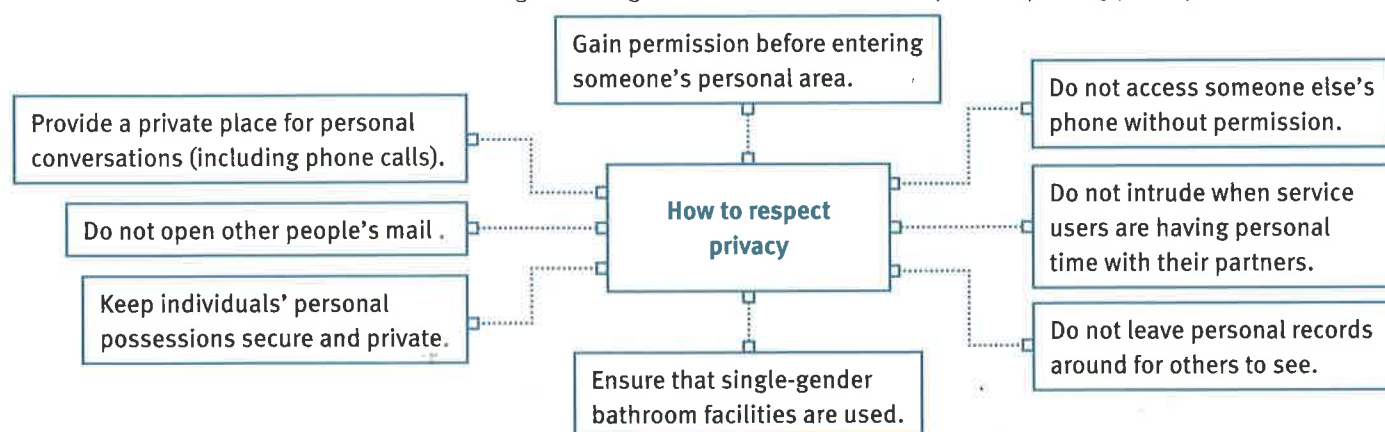


Figure 2.12: Examples of respecting the privacy of others

Respecting mental health needs

People sometimes find it hard to understand mental health problems. Because of this, those needing help with mental health issues may experience a poor quality of

care. The views, care and opinions of people with mental health problems must be respected. This will help the individual return to positive mental health.

The attitude of care staff towards individuals with mental health problems can influence whether a person continues or stops their treatment plan. So care staff must ensure they:

- respect the person's views and ideas
- understand that these views and ideas may change
- promote independence
- do not treat the person as less of an individual
- involve the person in decision making
- support the person's choice of treatment without imposing their own views
- are approachable and sincere; a person who has anxiety issues can often find it difficult to talk to people.

Respecting older people

Older people have wisdom and experience that we can all learn from. Many will have lived through harsh and difficult times (perhaps war, food rationing and economic difficulties). Many will also have the experience of bringing up a family, then becoming grandparents and perhaps even great-grandparents. They will have seen many changes throughout their lives. It is helpful, when caring for older people, to try to understand this background.

Some older people's values may differ from younger ones. They may prefer to be more formal, for example, about being called Mr or Mrs. Or they may not like people visiting without an invitation. When we care for individuals, it is respectful to find out about these things and abide by them.

Respecting adolescents

Some people find relating to adolescents difficult. Adolescents may feel they are treated as a child one day and as an adult the next – depending on the circumstances or context of the situation. It is not surprising that a young person might find it difficult if they need to use a care service. For example, an individual may have experienced changes in living arrangements, perhaps being with people they do not even know. Care workers must be mindful of the difficulties that some adolescents face and demonstrate respect and tolerance.

ACTIVITY

Read the scenario and then do the tasks.

Tom lives in a residential school. He has challenging behaviours. Tom has previously been disrespectful towards care workers by swearing, damaging equipment and stealing.

Olwen is about to become Tom's key worker (the main person within social care that he will have contact with). She has a son Tom's age. Her son is respectful towards others and property. Olwen knows she must respect Tom and respect that he is different from her own son.

Olwen's mentor has given her some tips to help her to demonstrate respect towards Tom, including:

- give time for communication
- take an interest in Tom's life
- do not make assumptions (especially about previous behaviour and responses to situations)
- give Tom a chance to trust and to be trusted.

- 1 In your group, list more ideas to help Olwen demonstrate respect towards Tom.
- 2 Then, in pairs, role play the scenario.
- 3 Share your ideas with the class.

CHECK MY LEARNING

Speak to an older person about their life when they were your age. Ask them about preferences they had, for example, what they watched on TV. How can you demonstrate respect for what they told you? Give three examples.

Maintaining confidentiality

GETTING STARTED

We all have information that we would rather not share with others. What kind of things do you think people would mainly like to keep private?

Imagine telling a friend something private which they then told someone else. Would you trust them again? Carers know about individuals they care for. Individuals trust them to keep it private.

Confidentiality and rights

It is a person's right by law to have information about them kept confidential (private). It is important that those who work in the health and social care sector know why they must keep information confidential. For example:

- service users can be vulnerable (because of age and circumstance)
- their information is often sensitive
- they may become embarrassed, upset or risk danger if their private information is exposed.

They must also know *how* to keep information confidential – for example, where to store the information and who can retrieve it.

Those who work in health and social care learn a lot about the individuals they care for:

- by talking to them
- from their records.

The diagram shows the kind of private information a practitioner/care worker may have access to or need to know about.

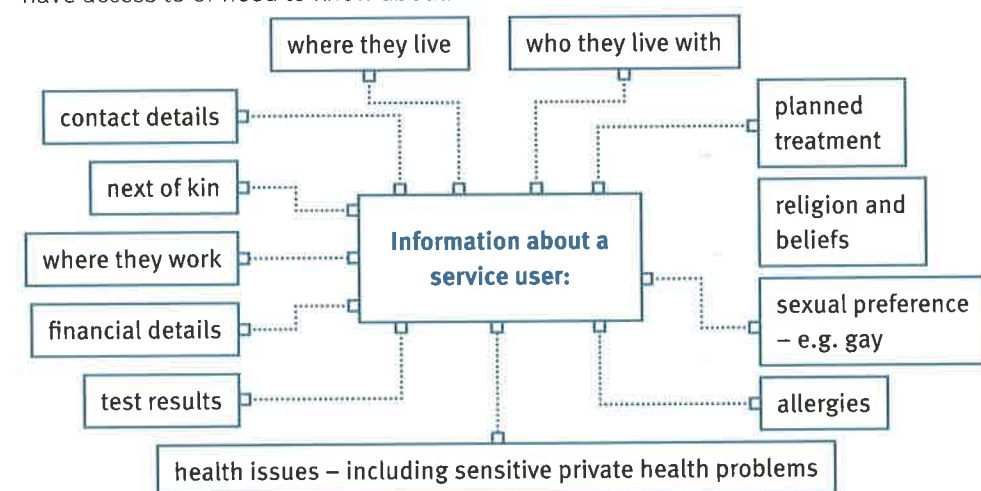


Figure 2.13: What carers may know about the people they support

ACTIVITY

- 1 Read the information on the diagram outlining what carers may know about service users.
- 2 In your group, suggest how a service user could be vulnerable or in danger if their information were to get into the wrong hands. (For example, a gay service user from a strict religious background/community could be harassed if their address is known.)
- 3 Share your ideas with the class and feed back on other suggestions.

Breaches of confidentiality

Care workers are not allowed to talk about one service user to another. If they do, they would be breaching confidentiality (passing on private information). However, some breaches can be accidental. Some examples are listed on the next page.

- A private conversation in a public space between a worker and a hearing-impaired individual might be overheard.
- A friend or neighbour who appears genuinely concerned about the results of a patient's operation may be given those details.
- A sexual health worker may find they are treating a friend's sister/brother.

A breach in confidentiality is serious for the worker. The consequences for the service user could be devastating. An individual's information is protected in law. Therefore, a worker who does not uphold confidentiality could face:

- disciplinary and/or legal proceedings
- lack of trust (for both the worker and organisation)
- depression, anxiety and other mental health problems
- causing a negative reputation for the service.

Social media and breaches of confidentiality

Social media is a great way to share useful information. Many health and social care organisations share valuable information relating to good health and raising awareness of disease.

Many individuals use social media to communicate personal information. But it is easy to forget how many people this information reaches out to. Consider this example: a care worker posts a photograph of children in a nativity show she has been working on. But the children are all from the residential home where she is employed. She has breached confidentiality – even if she did it without thinking. The children are now at risk and she faces disciplinary proceedings.



Figure 2.14: Information on social media and other places on the internet is not private

Keeping information private

Health and social care workers can keep information private by:

- not sharing information with people who do not need to know
- being aware of who is around them when talking about private matters
- not sharing information with other service users
- keeping written information in a safe place away from prying eyes
- being careful not to share passwords for anything
- changing passwords regularly
- shutting down applications and logging off when online work is complete
- being careful when using social media.

If a worker thinks they have breached confidentiality, they should tell a supervisor (the person who checks their work).

ACTIVITY

- 1 Produce a leaflet that could be used by new staff in a health or care setting that explains how to maintain confidentiality. Use everything you have learned in this lesson to help you.
- 2 What can you find out about the Data Protection Act 1998? What does a health or care setting and the people who work there need to do when handling information?
- 3 A young adult accesses a sexual health clinic and is worried about their information being shared. Role play how you would reassure the individual that their information is kept secure.

DID YOU KNOW?

Sometimes we need to share private information, for example if a person is at risk of harm. It is important, though, that we only share that information with the right person, such as a nominated safeguarding officer. Can you think of the sort of information that may need to be shared?

CHECK MY LEARNING

How can you keep your personal information secure when using social media applications? Share your findings with the class.

Preserving dignity

GETTING STARTED

With your partner, write down any reasons you can think of why people might become embarrassed.

KEY TERMS

Dignity is being respected and treated with care.

Imagine at school the stitching comes loose on your uniform. You might be embarrassed by what is exposed. This is how service users might feel when exposed to others.

Preserving an individual's dignity

Allowing someone to keep (preserve) their **dignity** is about considering their feelings. Think about this example: a classmate is desperate to go to the toilet – so desperate, they do not make it in time. Other classmates poke fun at them. How do you think the person feels about themselves? They are likely to feel embarrassed and ashamed. Service users who cannot get to a bathroom in time feel embarrassed too. Those who care for them need to be both sensitive and understanding when this happens.

Dignity is respecting a person's self-worth and treating them with care and respect. Some people are unable to preserve their own dignity. For example, a person with physical disabilities may not be able to:

- take themselves to the toilet
- wipe spilt food from their mouth and clothes while eating
- wash or dress themselves.

Those who care for them need to think ahead and protect their dignity.

Why an individual might lose their dignity

Sometimes, a person might not care about having dignity. For example, an individual with a mental health problem such as depression may not care what they look like – even though their appearance and personal cleanliness used to be important to them.

In these cases, it is important that a carer helps them to restore (get back) their dignity by encouraging and supporting them to maintain their personal hygiene while they are unwell. However, a carer should not force their own standards of hygiene on others.

How carers can demonstrate dignity

Carers can show they care about a person's dignity in a number of ways, as Table 2.10 shows.

Table 2.10: Demonstrating dignity versus not demonstrating dignity

Demonstrating dignity	Not demonstrating dignity
Using appropriate equipment for the individual – for example, adult feeding utensils	Using, for example, children's feeder cups and bibs instead of age-appropriate equipment that has been adapted
Involving the person in their own care	Not discussing with a person what their care will be
Helping the person go to a toilet/bathroom	Telling the person they should use a bed pan or incontinence pad
Checking with the person what they like to be called (e.g. by their first name, by their last name or any other name they suggest)	Calling a person 'love', 'darling' or 'dear'; or assuming it is fine to use their first name without their permission
Giving the person the time they need	Rushing a person
Making the person feel valued	Making the person feel they are being a nuisance

There are other ways that a carer can demonstrate dignity and respect, for example:

- closing doors and curtains when an individual is washing, bathing and going to the toilet
- keeping their private areas (for example, their genitals) covered
- using professional language and speaking quietly when discussing personal, sensitive things so that others cannot overhear
- making sure an individual's clothes are clean
- dealing with embarrassing situations sensitively and professionally.



How would you feel if you were not treated with dignity?

ACTIVITY

Read the scenario and then do the tasks.

Ana is in a hospice. She is having palliative care. Previously, she had a course of chemotherapy treatment, which caused her to lose her hair. Ana has a wig, which she always wore after her hair loss. In fact, no one saw her without it. She had always been very particular about her appearance. She would hate to be seen without make-up, nail polish and nice clothes.

Ana is nearing the last days of her life. She is very sleepy and unable to communicate. Justine, who works at the hospice, helps Ana with personal care. She keeps Ana's door closed and talks to her, even though Ana is unable to answer. She washes her with care and respect, keeping her body covered as much as possible. She cleans Ana's teeth, puts her in a clean nightdress, fits her wig on her scalp, gives her a hand massage and paints her nails. Before Justine leaves the room, she puts on a piece of Ana's favourite music.

- 1 Discuss with your partner how Justine respected Ana's dignity. Make a list.
- 2 Role play the scenario with your partner or write out what you think Justine might have been saying to Ana.
- 3 Show your role play or script to others in the class and ask for their feedback. You will have a chance to feed back on their work, too.

CHECK MY LEARNING

Give an example of how a carer could respect the dignity of the following people:

- a child
- an adolescent
- an older person
- a person with mental health problems.

Effective communication

GETTING STARTED

How many different ways do you communicate with people? (Think about written communication as well as spoken communication.) Write a list of examples.

Do you communicate the same way with older people as with friends? Do you adapt how you communicate with people? If so, you are practising effective communication.

Why we communicate

Communication is a basic need. It is the key to all relationships – for example, with family and friends, in work, at school, socially and formally.

Poor or ineffective communication between individuals can often lead to problems. You might have heard the phrase 'a breakdown in communication' to describe a relationship that has failed. Building trusting relationships in health and social care is crucial. Trust can easily be lost if the care worker appears not to care or be interested.

Electronic communications

These days, it is common for carers to communicate electronically both with service users and with colleagues. It is important to consider tone and impact, especially in short messages. For example:

- using capital letters gives a feeling of shouting or impatience
- short statements may appear cold and too direct
- the message might be misunderstood by the reader (communicating electronically does not have the supportive body language that verbal communication does).

Who needs help with communication

Sometimes, carers will need to adapt how they communicate with service users. For example, a service user:

- may not communicate well in the English language
- may have visual difficulties or be blind
- may have hearing difficulties or be deaf
- may have problems understanding because they have dementia or other brain damage
- may have a combination of these issues.

Carers will need to adapt to the situation for example to:

- show their enthusiasm too, if the person is happy and excited about an event they are attending
- show they understand the pain of an individual who has experienced the death of someone close.

Recognising different communication needs and trying to overcome them shows that carers (and all of us) respect the individual.

ACTIVITY

- 1 In your group, you will be allocated an individual who has one communication difficulty: they speak a different language; they are hearing impaired; sight impaired; or have learning disabilities. Research a range of methods that may help that individual to overcome their communication barriers. To help, you could use the websites of organisations such as the Royal National Institute of Blind People and The Makaton Charity.
- 2 Present the information on a poster and share with the class.



How might this be helping to communicate with a person who is living with dementia?

DID YOU KNOW?

We may look like we are listening but our minds can often be somewhere else. Active listening is about concentrating on what the person is saying. Active listening shows an individual that they are being listened to properly.

ACTIVITY

- 3 In further group discussions, identify the positives and negatives around each method of communication.
- 4 With a partner, create a role play around communication differences to demonstrate how you would communicate effectively to find out information about the person. The conversation could include, for example what they like to do in their leisure time, dietary choices, favourite music/TV.

Good communication

An effective care worker will be able to:

- adapt their communication style to suit the situation
- make service users feel respected.

For example, if a carer is working with someone who cannot speak, is deaf or does not understand English, they can show the person things. A care worker can use body language to help with understanding and use non-verbal communication such as smiling and nodding to show they are fully engaged.

A person who is both sight and hearing impaired can be given something to feel, or can be gently touched (if they give their approval) as ways of communicating. These things all show that the individual is being valued. Some more examples of valuing a person through communication are shown in the diagram.

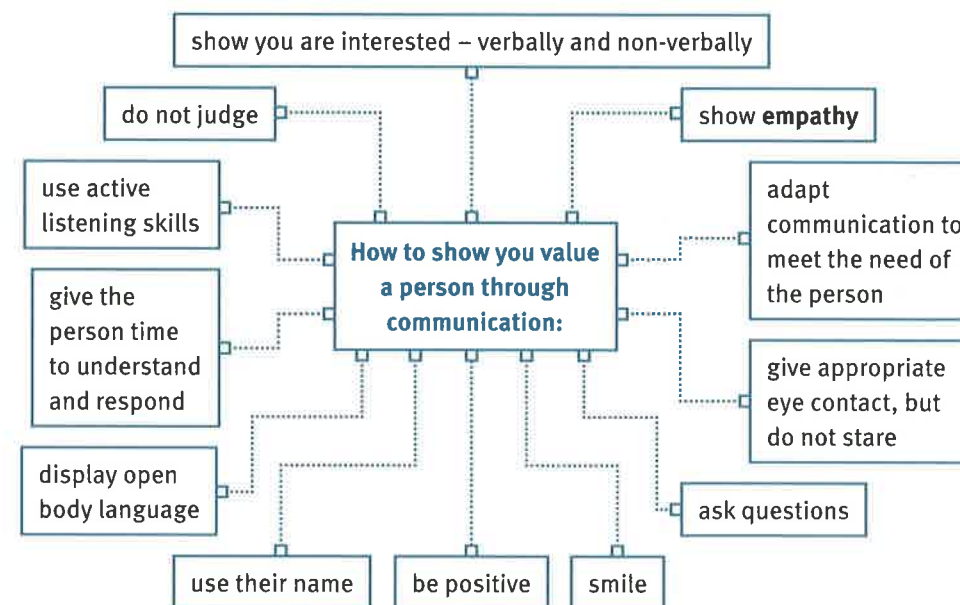


Figure 2.15: Supporting difficulties with communication

CHECK MY LEARNING

- 1 Observe a range of individuals communicating. Note down the different methods of communication that they use.
- 2 How effective is the communication?
- 3 What could you suggest to make it better?

KEY TERMS

Empathy is being able to understand and share the feelings and views of another person.

Safeguarding and duty of care

GETTING STARTED

Make a list of examples of unkind treatment to individuals. Then share your ideas with the class.

DID YOU KNOW?

Anyone who works with vulnerable people must provide references and have a Disclosure and Barring Service check; this helps to ensure that the worker is trustworthy.

What would you do if you witnessed someone being unkind to another person? Would you recognise they were doing something wrong? Would you know what to do?

Why do we need to safeguard?

Safeguarding is about keeping people safe from harm.

- Service users have a right to be safe.
- Care workers have a legal duty to protect service users.
- If a carer understands the signs of danger and harm, they will be able to protect their service users.

Types of abuse

There are many types of abuse, as Table 2.11 shows.

Table 2.11: Types of abuse

Type of abuse	What happens
Physical	Hitting, pulling, pushing, holding down, rough handling
Emotional	Bullying, calling names, threatening, putting the person down
Sexual	Touching an individual in private places, making suggestive comments, showing sexually related materials, e.g. pictures and videos
Financial	Spending their money, stealing
Neglect	Not giving the person enough food, personal care or attention
Institutional	Not giving individualised care, working to a routine that suits the workplace rather than the individual
Domestic violence	Violence or aggression in the home, usually by a partner
Modern slavery	Human trafficking, forced labour, sexual exploitation, prostitution, debt slavery (being forced to work to pay off debts)
Discriminatory abuse	Unequal treatment, denying basic rights, derogatory terms
Cyberbullying	Using electronic and social media to bully people

There are some warning signs that someone is being abused, as the diagram shows.

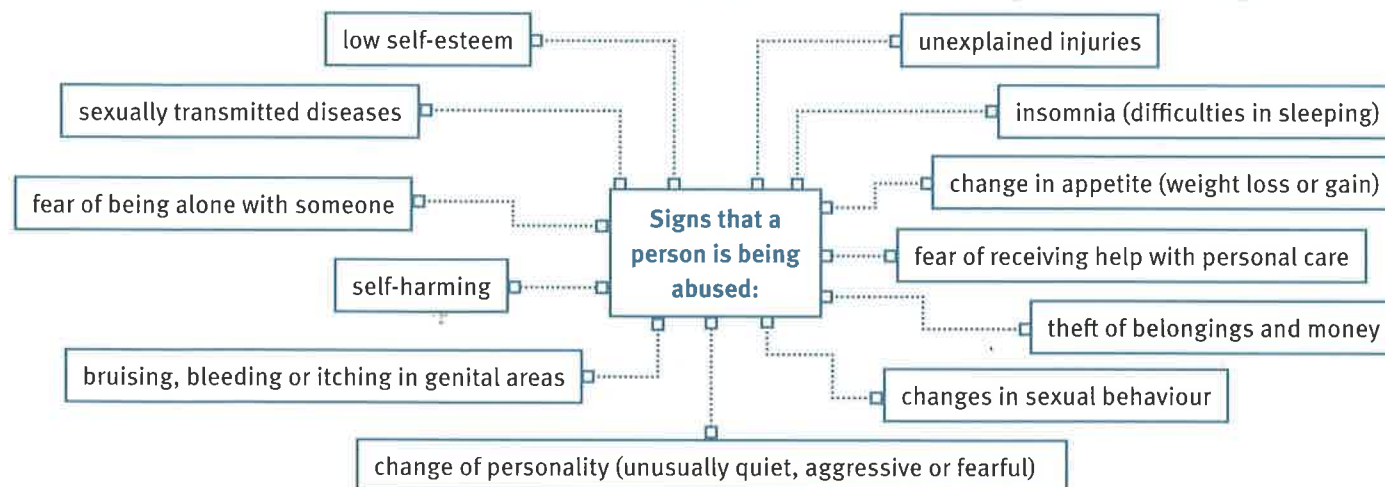


Figure 2.16: Everyone should be aware of these signs of possible abuse

Safeguarding individuals

It is important that care workers recognise the signs and symptoms of abuse so they can protect people. Symptoms on their own do not always indicate abuse. Carers need to look at the whole picture. For example, an individual with bruises could have fallen recently. But several unexplained bruises at different stages of healing would make you suspicious. Several signs together would make you strongly suspect abuse.

What to do

If you were a care worker and you suspected someone was being bullied or abused, here are some things you would do:

- report the abuse – the person could be in danger
- never promise to keep the abuse secret
- make it clear that you need to tell someone more senior than you – for example, your supervisor. (Each workplace will have a procedure telling you what to do)
- if you could not talk to someone in the workplace, you would tell a responsible adult who would help to contact the inspection team – a team that checks a care service is being properly run.

ACTIVITY

Look at the scenario and then answer the questions.

Lakeside View is a day centre for individuals with learning disabilities. Kim is 23 years old and lives with her parents and two brothers. She attends the centre several times each month and does many activities there.

Recently, Jenny, a carer at the centre, noticed Kim was unusually quiet. Jenny observed that Kim had chosen to sit on her own rather than join in with other people. Jenny encouraged Kim to join a group that were painting some views of the lake, which could be seen from the activity room.

When Kim was painting, she knocked over a jar full of dirty water and it splashed onto her trousers. Jenny took her to the bathroom to help clean her trousers and Kim put on some spare jogging pants that she had with her. It was while Kim was changing that the carer noticed some signs of abuse.

- 1 What might make Jenny suspect that Kim had been abused?
- 2 What types of abuse might Kim have experienced?
- 3 What should Jenny do next?

Duty of care

Care workers must work in ways that never put individuals at any risk of harm. They need to know the responsibilities of their role and only do things they were trained to do. Their duty of care to safeguard people means that they:

- know their role and responsibilities
- follow all procedures properly
- deliver care as the individual care plan states
- always report and record any concerns about an individual, even if it appears minor.

CHECK MY LEARNING

Your friend has an older relative with dementia moving into a residential care home and is worried they may come to some harm. Putting their mind at rest, write a note how their relative will be safeguarded in the home.



Figure 2.17: Would you know what to do if you suspected abuse?

Promoting anti-discriminatory practice

GETTING STARTED

With your partner, write a definition of 'discrimination' on a sticky note. Use a dictionary to help with your definition. Place your note on a board/wall alongside others from your class. Have you roughly got the same definition?

Have you come across these words 'discrimination', 'discriminate', 'discriminatory' and 'anti-discriminatory'? They are words that need to be understood and taken seriously in health and social care services and values.

What is discrimination?

Discrimination means treating a person or groups of people unfairly or less well than others. Discrimination may be obvious. However, sometimes it is more subtle or hidden. It is against the law to discriminate.

The following are known as 'protected characteristics'. The Equality Act of 2010 makes it illegal to discriminate based on these points. For example, it would be illegal to discriminate against someone in a job interview based on their:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Why people discriminate

When someone discriminates against another person it may be because they have a stereotyped idea of what the person is like. They do not see the person as an individual; they see them as a member of a group based on, for example, their religion, race or gender. They make assumptions about the individual based on what they think they know. For example, they may assume that all older people are frail and weak. This is having a prejudiced attitude.

In childhood, we learn from the people around us. If those people have prejudiced attitudes, then we may grow up believing those attitudes are right. Often, we are unaware of our prejudices, but they can make us act in ways that discriminate against other people. We need to think about our attitudes and make sure we do not use discriminatory behaviour.

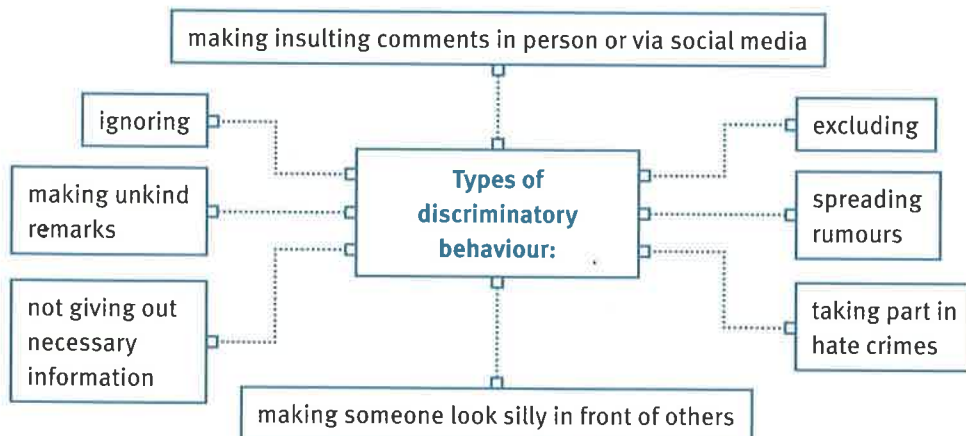


Figure 2.18: Examples of discrimination

Effects of discrimination

The effects of discrimination are devastating for the victim and for others who know them. Can you imagine how it would feel if someone who was special to you was a victim of discrimination? Discrimination can result in:

- feeling isolated and depression
- disempowerment (loss of control over life)
- physical health problems such as digestive, heart and skin problems
- low self-esteem and mental anxiety
- suicide.

Anti-discriminatory practice

Look at this example of anti-discriminatory behaviour.

Paulina, who is Polish, is 14 years old. She has been in the UK for 6 months and is new to the local school. The students are celebrating Christmas and listening to carols. They ask Paulina about Christmas songs in her country and how she celebrates. They talk about different traditions and beliefs. Then they find some examples of traditional Polish carols and listen to them.

There are many ways of promoting anti-discriminatory practice in health and social care, for example:

- having patience with others who do not speak English very well
- communicating in a way that the person will understand
- showing tolerance towards people who have different beliefs from you
- respecting the health and care choices that individuals make
- not getting involved in the discriminatory behaviour that others show
- challenging unkind behaviour.

Working in an anti-discriminatory way will demonstrate that you value a person and their differences.

ACTIVITY

- 1 Working in your group, produce a poster that could be used in a young person's setting for a campaign to fight discrimination. You must emphasise the idea that discrimination should never be tolerated and that people should be valued for who they are.
- 2 You need to include on your poster information about:
 - behaviour that positively welcomes differences
 - how to demonstrate tolerance
 - how to support people who are being discriminated against.
- 3 You have a young person who is new to the setting. In pairs, role play how your organisation actively promotes anti-discriminatory practice. You can use the information on your poster to help you.



Figure 2.19: How can you make sure you promote anti-discrimination?

DID YOU KNOW?

Settings can also discriminate against a person. For example, a person with a physical disability may not have an equal opportunity to access some kinds of buildings.

DID YOU KNOW?

Working in an anti-discriminatory way is about being positive about differences and preventing discrimination.

CHECK MY LEARNING

Hospitals need to promote anti-discriminatory practice. Research information about your local hospital. What can you find out about how they prevent discrimination in their service?

GETTING STARTED

If you were to ask someone to describe your character (what sort of person you are) what do you think they would say? Write down your ideas and then ask a partner for their opinion.

DID YOU KNOW?

About 90 per cent of a person's emotions are shown non-verbally. So we need to have good self-awareness of how we come across.

DID YOU KNOW?

A report exposed poor practice in a hospital that needed to change because the caring focus had been lost. A plan was put together for all health and social care staff to work in a compassionate way – known as compassionate care.

Applying care values in a compassionate way

How you present yourself says more about you than what you say or do. How would a health and social care worker present themselves to demonstrate the care value of compassion?

Care values and how we apply them

In recent lessons, we looked carefully at the care values when working in health and social care services:

- empowering and promoting independence
- respect
- maintaining confidentiality
- preserving dignity
- effective communication
- safeguarding and duty of care
- promoting anti-discriminatory behaviours.

In the caring professions, those care values need to be applied in a way that shows compassion. For example, promoting dignity and respect would be difficult if we did not demonstrate a true desire to care.

Imagine you are a care worker who is helping a person in hospital. This person is incontinent (has no control over passing urine and faeces). You could probably carry out the task efficiently – for example, by covering the patient, enabling them to do as much as possible for themselves and offering choice. However, it is not just your actions that count. It is how you come across as a person while caring for people that is important too. You need to be able to demonstrate compassionate care to show you are sincere.

As a care worker, you might be able to find the right words. For example, you can tell an individual you understand how difficult things must be for them. But if your body language does not support those words, then you will lose the trust and respect of the individual.

Empathy and caring

Empathy is about putting yourself in other people's situations. When caring for a person, you should think about how you would feel in the same situation. Putting yourself in this mind-set will help you to understand the situation a service user is in. It will help you to develop the skills to be caring and empathetic.

You can show you really care by:

- being patient
- showing sensitivity
- understanding
- actively listening
- having a positive outlook
- being encouraging
- having genuine concern for other people.

Figure 2.20 on the next page shows the six Cs of compassionate care. Table 2.12 takes a closer look at what each 'C' actually means. Workers can check themselves against lists like these to make sure they are applying care values with compassion.

Table 2.12: Understanding what the six Cs cover

The 'C'	What it covers
Care	Helps to improve an individual's health and wellbeing. Care should be tailored to each person's needs and circumstances
Compassion	Shows the care worker understands what the individual is experiencing. Being empathetic to their situation shows care and value to the individual
Competence	Shows that care workers can safeguard and protect individuals from harm
Communication	How to adapt to individuals and their circumstances to ensure important information is given and shared – keeping the individual at the heart of everything that is done
Courage	Protecting individuals by speaking up if you think something is wrong; being brave enough to own up if you have made a mistake
Commitment	Carrying out your duties to care for others to the best of your ability

ACTIVITY

In your group, read the scenario and then complete the tasks.

Sharna is 52 years old. Until recently, she had her own business. Then she had a stroke and can no longer work. Her mobility and speech have been affected. Sharna was in hospital to begin with, but has now been discharged. She is at home and is having domiciliary care support. Sharna has regular visits from practitioners – for example, care workers, a nurse, a physiotherapist and an occupational therapist. Sharna also has close family support.

Because Sharna has difficulties communicating, she and her family have decided to create a small poster for the professionals who visit to say how she wants to be treated in a compassionate way.

- 1 Using the six Cs of compassionate care, create a poster that could be displayed in Sharna's house to remind those who visit how she would like to be cared for. Remember to include things such as what she likes to be called, what foods she prefers to eat and cultural preferences around personal care.
- 2 Display your poster alongside those of other groups. Take a look at the work that everyone has produced.

CHECK MY LEARNING

- 1 Self-assess your poster. Write two positive points and one that would have made it better.
- 2 Peer-assess a selection of other posters in your class, noting two positive points and one that would make it better.



Figure 2.20: Compassionate care and the six Cs

Working together

GETTING STARTED

Refer to the list of care values in the previous lesson. Choose a health or care worker. Give examples of how each care value is demonstrated by the health or care worker chosen. (For different care roles, look at previous lessons.)

All care workers have a responsibility to uphold care values. If everyone works together, doing their 'bit', service users and colleagues alike will all be able to have positive experiences.

Every care worker counts

A good health or social care provider will ensure that everyone is working to the care values. For example, a housekeeper will show respect for an individual's dignity by knocking or asking if this is a good time to clean their room. The senior consultant can empower an individual by encouraging them to make choices about their treatment and care. And all the carers in between will demonstrate the care values in many different ways.



Figure 2.21: How is the housekeeper demonstrating care values?

A good health or social care provider also understands they may face situations that are not easy. For example, an individual may show anger or blame – and sometimes even violence. (There are many reasons why they might react in this way.) The key to being a good care worker is being able to:

- put any feelings and emotions to one side
- continue to work in a way that respects each of the care values.

Staff training

Staff training to keep everyone updated is vital. Even if someone has already had training in care values, further training will remind them of their importance. Having the opportunity to talk to other workers about experiences and difficulties can also be helpful; it is a way of discovering better ways of working and possible solutions to difficulties.

What service users think

Health and care providers are keen to know what service users think about their:

- experiences with staff
- levels of satisfaction
- positive comments as well as negative ones.

This feedback can be given to the care team or shared in staff meetings. Feedback that is not so positive can also be addressed at training sessions.

Seeking feedback can help you to know what you are doing well and how you need to improve. Here are some comments from service users and their families. As you read them, make a mental note of whether they deserve a thumbs up (positive) or a thumbs down (needs work).

'The porter who took me to theatre was brilliant. She introduced herself. She knew I was scared. She just seemed to know what to say to make me feel better.'

'The mental health team were great. They made sure my daughter was safe when we were worried about her.'

'One of the staff forgot to give me my tablets. I was cross at the time. But looking back I really admire his courage because he owned up to his mistake.'

'The nurse was so committed. She stayed after her shift had ended to help me speak to my daughter who lives in Australia.'

'The man who cleans my room always knocks before coming in. He makes sure he knows where things are. I can't see very well and he even brought in some large print books that his sister doesn't need any more.'

'Part of my treatment was in another hospital. The communication between the two places was terrible. Neither seemed to know what the other was doing.'

'My son has problems with communication. The care worker went out of his way to draw pictures to make sure that he understood what was happening.'

'My godmother lives in a care home. She has dementia and can be difficult at times. The care staff were very abrupt and ignored her.'

'When my grandad was unwell, the care worker sat with him and gently held his hand. She talked to him even though my grandad was unable to reply.'

'My brother would not have been able to walk again had it not been for the staff working together to encourage him to do as much as he could for himself.'

Figure 2.22: Examples of positive and negative feedback

ACTIVITY

Focusing on care values reminds us of their importance.

Imagine you are working in a health or social care setting. The manager wants all staff to have a leaflet that will remind them about the care values. The manager has asked you to develop that leaflet.

1 With your partner, choose a health or social care setting – for example, a hospice.

2 Design a leaflet explaining what care values are and how they could be applied in your setting. The leaflet is aimed at staff at all levels, so keep the information clear, concise and relevant to the setting.

CHECK MY LEARNING

Adapt the content of your leaflet to a different type of setting. Even though the same values exist, see how you can apply them in a different way.

Making mistakes

GETTING STARTED

Health and social care workers occasionally make mistakes. With your partner, write a list of potential mistakes that they could make. Think about all parts of their job – not just their contact with service users.

Though you try your hardest, sometimes you might make mistakes. We all do. When following instructions, we might make mistakes. The same can happen in health and social care settings.

The consequences of mistakes

Health and social care staff work hard to do their jobs well. But occasionally they might make mistakes. These mistakes may not be life-threatening, but they could have serious consequences. For example, a nurse caring for a patient in hospital may not record when the patient last passed urine. A doctor looking at the patient's notes might conclude their kidneys are not working properly and give them medication they do not need.

It is important that staff own up to mistakes, no matter how minor they appear. This is part of the duty of care to safeguard individuals; it also demonstrates respect for individuals.

ACTIVITY

Read the scenario and then answer the questions with your partner.

Alex works with the drugs team and is a support worker. Alex is there to help people when they are coming off drugs. It can be very difficult for those trying to withdraw from addictive drugs. It can result in the person being restless, anxious and having difficulty concentrating.

Alex goes to work one day. He has been working long hours, is tired and his young child is not sleeping well.

Sam is a new service user and Alex is introducing him to the service.

Sam becomes very angry and starts shouting at Alex. Alex shouts back, telling Sam how tired he is. Alex says he will not tolerate Sam's outbursts.

Afterwards, Alex reflects on the situation and recognises he did not react in a professional way or demonstrate the care values.

- 1 What care values did Alex not demonstrate?
- 2 How should Alex have responded to Sam?
- 3 Role play the scenario with your partner. You could even role play it to the class.

Dealing with mistakes

Making mistakes can make us feel terrible. We may experience a range of physical and emotional feelings (as the diagram on the next page shows). The difficulty of working in health and social care is that mistakes are likely to be related to an individual. The important thing is being able to deal with a mistake in the correct and professional way.

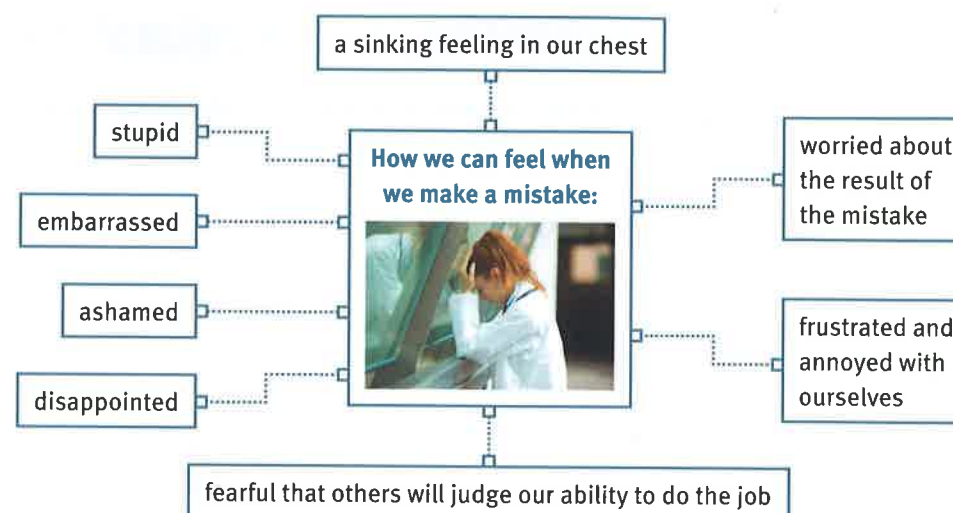


Figure 2.23: Personal consequences of making mistakes

Most mistakes are easily remedied, as long as you go about things in the right way. For example, it is important that you:

- are honest about your mistake
- do not pretend that it did not happen
- do not blame someone else.

When working with vulnerable people, the consequences of making mistakes (even though they may be small) can be damaging. Service users can lose trust in the service. They may even avoid returning, which could have devastating effects on their care and treatment. The reputation of the service is also at risk.

If you make a mistake at work, here is the best way to tackle it:

- tell your supervisor, admit your mistake and apologise
- be honest and accurate about what happened
- suggest ways to avoid the mistake happening again
- earn back the trust of the person involved
- prove you can do the job
- do not be too hard on yourself; seek help and guidance from others to manage your own feelings.

CHECK MY LEARNING

Think about a mistake you have made. You could use an example from the introductory activity. What would you do differently if the situation were to happen again?

DID YOU KNOW?

Owning up to your mistakes shows courage and maturity. Although the initial response may be difficult to handle, people will respect you if you are honest and brave enough to own up when you get things wrong.

Reviewing own application of care values

GETTING STARTED

We are all skilled in some areas but not so strong in others. Make two lists: one list for what you think you are skilled at; the other list for things you find difficult and are not so skilled at.

Recognising what you do well and what you need to do better is important for working effectively. This way you build on your strengths and work on your weaknesses.

Learning about our own skills

In a health and social care context, care workers need to be able to look at how they are developing their skills in demonstrating care values. Throughout this component, you have learned what each of the care values mean. You have also had some practice of these values using scenarios and role play.

One way you can improve your skills is to look carefully at:

- the areas you are good at
- what you are able to do well
- things you find difficult or are not quite so good at.

Looking at our own strengths and areas for development is called self-assessment.

Strengths

Have you noticed that sometimes it is hard to give yourself praise for what you do well? It might feel uncomfortable, almost as if you are bragging. However, recognising your strengths is an important part of working in health and social care.

Knowing your strengths will allow you to take on tasks with ease. You will feel confident that you are doing a good job. Sharing your strengths with supervisors lets them know too that you feel you can do some jobs well. For example, you might be very good at communicating with a particular child who has autism. This can benefit the child. It will also give you and your supervisor confidence in your abilities.

Areas for development

Are you aware of the things you find difficult? Recognising these areas is a start to working out how to develop them. In a health and social care setting, sharing your thoughts with supervisors about your areas for development will:

- let them know where you lack confidence
- help them to support you before you carry out tasks in those areas.

Identifying your weaker areas is not a bad thing. In fact, it shows you are able to be open and honest with yourself and others. Look at Table 2.13. It is a self-assessment of how you might have demonstrated care values through scenarios or role plays.

Table 2.13: Self-assessment of how care values have been applied

Strengths (What am I good at?)	Areas for development (What parts do I need to work on?)
<ul style="list-style-type: none"> • Dignity 'When we did a role play in class, I knocked on the door of a service user before entering.' • Respect 'I always ask service users how they would like to be addressed. Mr S does not like us to use his first name.' 	<ul style="list-style-type: none"> • Communication 'Someone I know has had a stroke and finds it difficult to speak. I don't always know how best to communicate with her. I feel a bit awkward.'



Remember that self-assessments are there to help you – and they are confidential

ACTIVITY

In this component, you have learned about the care values and you have had some opportunities to practise these during scenario work and role-play activities. Now you are going to practise self-assessing – how well you think you have demonstrated your understanding of these values. An important part of self-assessment is to prepare and gather as much information as possible beforehand.

- 1 Find a list of the care values and write them out.
- 2 Write a few ideas against each care value about how that value should be demonstrated.
- 3 Create two mind maps:
 - (a) the care values I have shown I can do well
 - (b) the care values I have not been so skilled at, or not had the opportunity to demonstrate.
- 4 Complete the following table by using the information on your mind maps (you will need to explain your ideas in sentences, not isolated words).

Strengths: The values I have confidence in demonstrating (*give reasons why*)

Areas for development: The values I do not feel confident yet in demonstrating (*give reasons why*)

Confidentiality

You may feel embarrassed about writing down your thoughts and ideas.

Self-assessments are private to you and your teacher or supervisor. The purpose of self-assessment is to help you develop. Knowing it is private will give you the confidence to be honest. An honest assessment is a valuable tool that will help you to grow and develop in your work.

The importance of regular reviews

You will notice that your strengths and areas for development change over time. So it is important to review them regularly. For example, you may work in a small care home, know the residents well and demonstrate most of the care values with ease. But if you were to move to a different area, such as a drug rehabilitation team, you may find some of the care values harder to achieve.

It can be difficult to demonstrate all of the care values, especially if you are new to health and social care work. It can take time to gain the confidence and competence in all of the areas, so you will need to be patient with yourself.

CHECK MY LEARNING

With your partner, discuss the benefits of self-assessing skills in demonstrating the care values.

Share your ideas with the class.

DID YOU KNOW?

When you are at work, you will regularly record self-assessments on your ability to do your job. You will also share this information with your supervisor.

Receiving feedback

GETTING STARTED

Think about a time recently when you received feedback for something you did. From the feedback what did you do well? What areas needed more work? How did you feel about the feedback and did you agree with it?

How often do you think you receive feedback? It may happen regularly as part of your coursework and informally, chatting with friends – for example, they say they enjoyed your baking.

Purpose and types of feedback

The purpose of feedback is to let you know:

- what you are doing well
- what areas might need improvement or extra work.

Feedback from teachers, supervisors and service users can be useful to learn more about yourself and can help you to improve. Feedback can be:

- formal – such as school reports or following an observation in a work setting
- informal – when you are chatting to colleagues about work events during a break or socially.

At some point, you may have received negative feedback on, say, a project. This might have made you feel that it was pointless continuing the project. But feedback is not about making you feel bad about yourself. If it is given correctly, it should:

- encourage you to feel pleased with what you have done well
- motivate you to improve in weaker areas – making you even prouder of your achievements in the end.

For care workers, asking for feedback from service users is the most valuable type of feedback they can receive. This is because service users are the direct recipients (receivers) of their care.

Giving feedback to others

Giving (and receiving) feedback should be a positive experience. It is important that feedback is constructive – that is, it takes a balanced view of the situation. It is also important, when you give feedback, that the other person feels valued rather than negative or bad. Imagine you are feeding back to someone who is giving personal care. To help them feel valued and positive, you could:

- start with something positive, (for example, 'I liked the way you asked Mr Costa if you could help him with a wash this morning')
- suggest they could have offered a bath or shower instead of just a wash
- end on something positive (for example, 'Mr Costa was pleased that you remembered to bring him a newspaper this morning').

This is sometimes known as a 'feedback sandwich'. If a person is given negative feedback right at the end of the session, it might be easy for them to forget any positive points. That is why areas needing work should generally be given in the middle of a session.

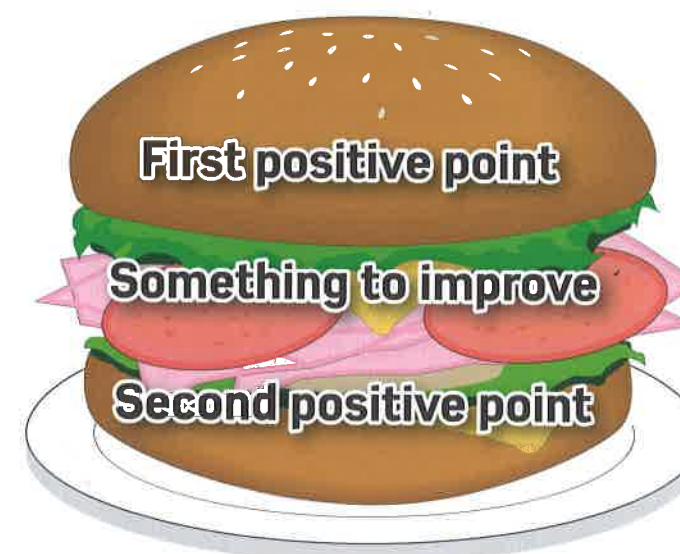


Figure 2.24: You can use a 'feedback sandwich' to give people constructive feedback

ACTIVITY

Read the scenario and then complete the tasks with your partner.

Natalia works in Foxglove House, a care home for older people. She is new to care work but has finished her initial training. Natalia is helping Mr Williams with personal hygiene. She helps him wash, shave and dress into clean clothes. Natalia then helps Mr Williams get to the day room and gives him a newspaper. A little while later, Mr Williams calls another carer and asks if they can help him to clean his teeth because Natalia had not offered to do them. This is not the first time that Natalia has not helped people to clean their teeth.

- 1 Natalia's supervisor is about to give Natalia feedback on how she managed the personal hygiene of Mr Williams (including not cleaning his teeth). How should the supervisor give the feedback?
- 2 How should Natalia respond to the feedback?
- 3 Role play the scenario. You could show your role play to others in the class, then listen to their feedback.

DID YOU KNOW?

Service users are usually invited to give feedback on their experiences of using health and social care services. This feedback is used to develop and improve practice.

How feedback helps

Feedback is only helpful if you use the information you have been given. Positive feedback should be noted, so that you know what you are doing well and how to continue to do so. Difficult areas of feedback may often feel uncomfortable to hear or read. But you must not take these personally. You must remember that the person giving feedback is trying to help you to be even better at what you do.

Imagine what might happen if carers were not told how they could improve. They might continue making mistakes that could have a serious impact on someone's health. It is important that feedback is used to help them develop and be the best they can.

CHECK MY LEARNING

With your partner, discuss how feedback can help people to work better in health and social care.

DID YOU KNOW?

You should complete a self-assessment before reading feedback from others; otherwise, your own judgement of the situation will be influenced.

Using feedback

GETTING STARTED

Have you received feedback identifying where you could improve in your work? Did you think you already worked hard on that piece and did as well as you could? How did you feel when told you could have done better?

You have received feedback; some is very positive and some identifies where/how you can make improvements. It is important now to use that feedback to get the most benefit from it.

Turning negatives into positives

Knowing how well you are doing will make you feel good. Having your hard work acknowledged increases motivation and will make you feel positive. So how do you feel when your feedback calls for improvements?

Feedback in the workplace is about helping you to develop. One way of doing this is to:

- point out weaker areas
- give advice on how to improve.

Receiving what seems like negative feedback can feel uncomfortable. But it is actually more useful than positive feedback, because it tells you the areas to focus on to improve. It is also important to remember that feedback is about your work, not you as a person.

LINK IT UP

To find out more about SMART objectives, go to Section C1 in Component 3.



Figure 2.25 Is your thinking SMART?

An action plan is a good structured way to recognise improvements that are needed and find ways of achieving them.

Imagine you have received feedback identifying some areas for improvement – for example, a recent assignment. A feedback action plan will help you to use this feedback to improve.

- First, you will need to note down information from your self-assessment (how well you think you did and what areas you think you could improve).
- Then note down feedback you have gained from others – positive areas for improvement. Remember to ask questions if you do not understand part of the feedback.
- Now use the SMART acronym to help you create an effective action plan for your improvement – see Figure 2.25.

Involving others

It is good to involve other people when developing your action plan – for example, your teacher or work supervisor. This is because they will also have an active interest in you achieving the goals.

An action plan case study

Take a look at the case study below about Josef. Then look at his action plan in Table 2.14 for development and improvement.

Josef is completing a period of work experience at Grange House, a local care home for people who have learning disabilities. Josef enjoys talking to the residents and helping with activities – especially crafts. At mealtimes, Josef confidently helps residents to be independent and set the dinner table.

One resident, Tamir, has cultural restrictions on what he can eat and drink and sometimes when he can eat and drink. Josef knows this and does not want to be disrespectful. However, Josef is aware that he lacks cultural knowledge around these restrictions. He is also not sure about what Tamir does eat and drink. The last thing Josef wants to do is upset Tamir.

Josef recognises this developmental need and creates an action plan.

Table 2.14: Josef's action plan

Goal	To be achieved by	Action	Review date	Evaluation
To know the food and drink that 'T' can consume that will be consistent with his culture	4 weeks from now	<ul style="list-style-type: none">• Use the internet to research food and drink preferences for T's culture• Speak to T's key worker further on these preferences (the key worker may have more details)• Refer to T's care plan (which may also have more information about preferences)	6 weeks from now	

Some things to remember...

Notice that Josef has not set too many goals at one time. Having just a few goals will help you to achieve your targets. Too many could make you feel overwhelmed and perhaps demotivated.

When you review your progress, do not be afraid to say that you have not achieved a goal. There are often genuine reasons – for example, you may have been unwell. You can always change the target date or review how you will meet the goal. You could even start again with a different action plan, if that helps you to achieve your goals.

ACTIVITY

Think about a recent assignment or project you have completed on care values. You are about to create an action plan that will help you with areas that you think need improvement.

- 1 Self-assess how well you think you completed the work. Make a note of the positive parts. Then make a note of areas you think you could improve. Use this information to create an action plan that has SMART goals.
- 2 When you have completed the action plan, check again that the goals are SMART.
- 3 Show the action plan to your teacher and ask for feedback.

CHECK MY LEARNING

If you were to follow the action plan, how would it help you to develop in a health or social care career?

DID YOU KNOW?

When working in health and social care, all staff have regular assessments on how they are doing, identifying their strengths and areas for development. They are then given an action plan – similar to the one you completed in the activity.

Learning aim B: assessment practice

How you will be assessed

For Learning aim B, you will be assessed on how well you demonstrate each of the care values, within a health or social care setting. If this is not possible, you may be asked to role play or take part in other scenarios. Your teacher/supervisor will observe this. You will also assess your own performance, then use your teacher's feedback and your self-assessment to review your practice and make suggestions for improvement. Your teacher will set the assignment, explain the evidence you need to provide and the submission date. The teacher will mark the assignment telling you the grade achieved.

CHECKPOINT

Strengthen

- Identify four health/social care settings.
- List the seven care values. For each, give two examples of how you could demonstrate the care value (from a health/social care setting).
- What is the purpose of assessing your own ability/performance?
- What is the purpose of feedback?
- Why do you complete a self-assessment before receiving feedback?

Challenge

- Give two examples of when it might be difficult to uphold care values.
- What would you do if you experienced difficulties supporting care values?
- How could an action plan help to develop your practice?
- How can you ensure that an action plan is SMART?

TAKE IT FURTHER

- Have you taken into consideration Millie's young age and her family circumstances?
- In your role play, will you use communication that is appropriate for her age and understanding as well as recognise her potential fears?

TIPS

Read the scenario very carefully highlighting important, key points. Use a list of care values to make notes around how you could demonstrate each one in this situation.

ASSESSMENT ACTIVITY LEARNING AIM B

Part 1:

Read the following scenario and undertake the role of the health care worker in a role play.

Millie is 6 years old and will be staying in hospital for a few days because she will be having tests. Millie arrived today but her mum needs to collect her younger brother from nursery. Millie's mum is unable to stay with Millie because she has no one to care for her younger child.

You have been asked to show Millie around the ward and spend some time with her to help her settle in. Millie says that she is thirsty. While you are showing Millie around, she tells you that a little boy came over to her earlier and hit her when no one was looking. Millie loves playing board games and enjoys reading.

ASSESSMENT ACTIVITY LEARNING AIM B

Part 2:

Read the following scenario and undertake the role of the social care worker in a role play.

Mrs Johnson is a new resident at Barley Fields residential home. She is very quiet and is sitting in her room looking out of the window. Mrs Johnson usually wears glasses but you notice she is not wearing them. You have been asked to spend some time with Mrs Johnson to help her settle in. While you are talking to Mrs Johnson, she says that some foods make her feel unwell but she did not tell anyone because she didn't want to appear to be a nuisance. Mrs Johnson likes to read the newspaper, look at family photographs and to knit.

TAKE IT FURTHER

- Have you taken into consideration how Mrs Johnson might be feeling and why she is quiet?
- Why do you think she is not wearing her glasses? What can you do about it?
- Is it a concern that staff did not know about food that makes Mrs Johnson ill?
- In your role play, will you use communication that is appropriate for an older person?
- How will you show Mrs Johnson that you recognise and understand how she might be feeling?
- How will you adapt communication with Mrs Johnson so that she can quickly trust you and understand that it is fine for her to tell carers and staff how she is feeling and what her preferences might be?

TIPS

When assessing your own performance, be very honest. Do not be afraid to say what you have done well, and – very importantly – recognise what you could have done better. Use feedback information to the maximum and remember that what might appear to be a negative comment will probably be the most valuable. It will give you the ability to make realistic justified suggestions of how you could improve.