Higher National Unit Specification

General information

Unit title: Person Centred Approach to Care (SCQF level 6)

Unit code: H9XF 33

Superclass: PM

Publication date: October 2015

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

The Unit is designed to introduce learners to the concept of Person Centred care. It includes understanding the underpinning values and principles of a Person Centred care approach and the use of effective communication in the promotion of Person Centred care to individuals. The Unit will also introduce the learner to the importance of multidisciplinary team working in the delivery of care.

Outcomes

On successful completion of the Unit the learner will be able to:

1 Explain the concept of Person Centred care.
2 Explain effective Person Centred communication
3 Explain the importance of multidisciplinary team (MDT) working in the delivery of care.

Credit points and level

1 Higher National Unit credit at SCQF level 6: (8 SCQF credit points at SCQF level 6)

Recommended entry to the Unit

The Unit is suitable for learners who are beginning employment in Health or Social Services, or entering employment in a new health or social service organisation or who are changing or developing their role within a health or social service organisation. It is also suitable for learners undertaking a placement or volunteering in a health or social service organisation.

Higher National Unit Specification: General information (cont)

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Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Centres wishing to develop their own assessments can refer to a list of existing ASPs which are available to download from SQA's website (http://www.sqa.org.uk/sqa/46233.2769.html) to ensure a comparable standard.

Equality and inclusion

This Unit Specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit Specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Outcome 1

Explain the concept of Person Centred care.

Knowledge and/or Skills

- The concept of Person Centred Care
- Values and Principles
- Privacy and Dignity
- Equality and Diversity

Outcome 2

Explain effective Person Centred communication.

Knowledge and/or Skills

- Verbal and nonverbal communication skills
- Active listening
- Barriers to communication

Outcome 3

Explain the importance of multidisciplinary team (MDT) working in the delivery of care.

Knowledge and/or Skills

- The role of the MDT in the delivery of care
- Assessment, care planning and review using the MDT approach
- Professional roles, responsibilities and boundaries within the MDT

Higher National Unit Specification: Statement of standards (cont)

Unit title: Person Centred Approach to Care (SCQF level 6)

Evidence Requirements for this Unit

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

- explain the concept of Person Centred care and its benefits for the individual.
- describe the importance of confidentiality and the development of trust.
- identify individuals' rights and choices in regards to care, which includes equality and diversity.
- identify personal beliefs and values; honesty, integrity, maintaining and recognising professional boundaries and professional conduct in practice.
- explain the importance of compassion and kindness when developing a caring relationship.
- explain effective Person Centred communication, including barriers to achieving effective communication.
- 2 Explain effective Person Centred communication

- reflect on own communication skills in the context of supporting others.
- explain the importance of good communication within the multi-disciplinary team.
- explain the role of the multi-disciplinary team in the delivery of effective care and its importance
- describe assessment planning and review as part of the MDT approach.

Higher National Unit Support Notes

Unit title: Person Centred Approach to Care (SCQF level 6)

Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Learners need to be enabled to work using a person centred approach to the delivery of health and care services. They should ensure that they are able to:

- explain the concept of Person Centred care and its benefits for the individual.
- know the importance of confidentiality and the development of trust.
- promote individuals' rights and choices in regards to care, which includes equality and diversity.
- understand their own personal beliefs and values including; honesty, integrity maintaining and recognising professional boundaries and professional conduct in practice.
- recognise the importance of compassion and kindness when developing a caring relationship.
- use 'Effective Communication' and be aware of barriers to achieving effective communication.
- reflect on their own communication skills in the context of supporting others.
- demonstrate good communication within the multi-disciplinary team.
- explain the role of the multi-disciplinary team in the delivery of effective care.
- describe how to undertake assessment planning and review as part of the MDT approach.

Guidance on the content and context for this Unit

The learning for this Unit begins with the learner's understanding the concept of Person Centred care and its benefits for the individual's receiving a service in health or social care. Person Centred care means providing care that supports people to achieve the outcomes that give them the best opportunity to lead the life that they want.

A good source of learning for this part of the Unit can be found at:

Person Centred Care Resource Centre
http://personcentredcare.health.org.uk/person-centred-care-intro

This resource contains teaching and learning materials and learners can undertake activities that will support their learning and understanding.

Higher National Unit Support Notes (cont)

Unit title: Person Centred Approach to Care (SCQF level 6)

A person centred approach to care means valuing the individual being cared for or supporting them as a 'whole person' and respecting their autonomy through sharing of power and responsibility.

Outcome 1: Explain the concept of Person Centred care

By adopting a whole person approach, we are also following the principles of Scotland's Human Rights, by recognising each person as being of worth, and having value and purpose to their lives. Learners should visit Scotland's Human Rights web site 'Care About Rights' where there are video clips and text to explain values in relation to person centred practice in health and social care settings.

http://www.scottishhumanrights.com/careaboutrights

Another important aspect is the sharing of power and responsibility within the care team. Following a Person Centred plan helps each of the professionals involved to understand not only the important of their role but the roles of others including the individual receiving care. It allows everyone to consider the expertise and experience that individuals using services and people providing services bring. This in turn helps us all to work together to respect the autonomy of the individual who is receiving care.

Learners need to understand that the principles for the delivery of health and social care are rooted in care values.

In Care in Practice for Higher Still, edited by Janet Miller (2007), page 222 identifies:

'In care practice there are two core values:

- The value of respect for the worth and dignity of **every** individual
- The value of according social justice and promoting the social welfare of **every** individual'.

The text goes on to explain 'The right to be regarded as having worth involves **individualisation** and respect for that particular person, whoever he or she may be. It also involves empathy, acceptance and encouragement from the care worker to heighten the self-esteem of the person.'

At this stage in their learning it may be useful for learners to consider equality of access to support and they may find it useful to visit the following web page:

Person Centred Care: Self Management Approach
http://personcentredcare.health.org.uk/person-centred-care/self-management-support?gclid=Cj0KEQjwhPaqBRDG2uiHzpKLi6ABEiQAk_XXiZtxqBUyVipNBNQ6A1K676aNR-Yy3m9UbjWC6eb0aIMaAjKo8P8HAQ

This part of the resource is designed to help health and social care professionals implement a more person-centred health and social care service, where people are supported to more effectively manage and make informed decisions about their own health and care. The focus is on shared decision making and self-management support.

Higher National Unit Support Notes (cont)

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Learners should understand that many individuals and groups in society are treated unfairly, simply because they are not considered to be 'normal' or equal. People with disabilities, older adults, people with mental health problems and people who are gay may all be denied equality of opportunity, simply because of their so-called 'differences'.

The kinds of equal opportunity, which can be denied, are varied but may include health care, employment, pension rights and the opportunity to reach ones full potential. Such denial of opportunity has its roots in negative attitudes against such groups, by society as a whole.

Learners should understand that attitudes are borne of experiences. The way we are raised by our parents or caregivers, and the way in which we are shaped and moulded by social factors all play a significant role in determining the attitudes we will have. Broadly speaking, social influences on the formation of our attitudes can be split into two headings, primary and secondary influences.

The term 'primary influence' refers to our immediate family. A young child will not yet have learned to think independently and will soon learn from his or her parents or carers what is considered to be right and wrong. He or she will view the parent or carer as a figure of power and authority and will therefore believe what he or she hears and considers their views to be the right one.

The term 'secondary influence', refers to the wider influences which operate within society. Some of these could include our schooling and education, religion, friends or the media.

Religion can also play a major role in how some people adopt the attitudes they do. Certain religions offer strict dogmas about what is acceptable and what is not. Divorce, abortion and homosexuality, may be seen as morally wrong depending on the strength of religious influence in our lives.

For example:

The media, it could be argued, has a duty to represent the diversity of an ever-changing multi-cultural society. However magazines continue to perpetuate the notion that thin is beautiful (so to be overweight is not). The absence or under-representation of minority groups such as gay people or people with disabilities can only lead to the continued alienation and marginalisation of such individuals.

Learners could be encouraged to try to think of advertisements that are discriminatory, eg would you ever see an advert for perfume featuring an elderly person or a person with a disability. What does this say about how society views these people?

Acceptance involves recognising the human being within a person and taking the person as they are. Acceptance requires that we look beyond the physical condition or behavioural difficulty and consider the individual as a unique and valued person.

Treating people equally and valuing diversity is not always easy, however it is about being open minded and tolerant and not blaming people for their circumstances.

For example, as a care worker, we could find it hard to accept people who were responsible for abusing a child or an older person.

A prejudice usually refers to a strongly held attitude towards individuals or group, which is unjustified, irrational and unreasonable. It is irrational because the view or attitude is not based on proven evidence or fact. Prejudiced attitudes are usually potent and deep rooted and can have a strong influence on the way a person thinks and acts.

Stereotypes are largely negative in that they fail to see the person as an individual. Particular traits and characteristics are isolated as individuality, stripped away, and from this a generalisation is made which denies and ignores the uniqueness of the person.

The expression of prejudices, based on and justified by stereotypes, can lead on to discrimination and to a situation where someone is treated unfairly. So it is worth bearing in mind that discrimination only becomes such when prejudices are turned into action.

Discrimination is about:

- the, predominantly, unequal and unfair treatment of individuals or groups.
- the power of one group to place people in other groups at a disadvantage.
- *Prejudice*, which sees other people as abnormal or different.

Unconscious discrimination occurs when somebody discriminates against someone else without realising they are doing it. It could be direct or indirect and happens everyday through our actions and the language we use. Indeed, the language we use can be the most obvious way we unconsciously manifest our prejudiced attitudes. In some ways, unconscious discrimination is the hardest type to challenge because it often arises out of someone's endeavours to be helpful.

Examples of unconscious discrimination include:

- a television presenter making a joke about a mispronounced foreign name
- directing questions to the carer, and not the person with the disability
- offering a 'disabled only swimming night' at the local pool

Anti-Discriminatory Practice:

An important part of the care task is countering discrimination that marginalises anyone in our society, whether this is on the grounds of class, race, gender, culture, age, sexuality or life style.

Anti-discriminatory practice is not about treating all people the same. It is about recognising individual differences, working with people to determine needs and recognising and challenging any barriers which inhibit the basic rights to have their needs met.

Talking Points: Personal Outcomes Approach

This model is currently used within social care and social work settings as a means of assessment and support planning. It utilises person centred approaches to service provision by focusing on outcomes important to the users of services and implementing care packages, which help to meet these outcomes. It is therefore beneficial that learners have some awareness of this approach to assessment and care planning.

It is suggested by Cook and Miller (2012:9) that:

'Outcomes focussed approaches are inherently 'person centred,' continuing the work carried out in this area, particularly in the fields of learning disability and dementia'.

This approach to assessment and care planning is described as:

'an evidence-based, organisational approach that puts people using services and their carers at the heart of their support. At the centre of the approach is a conversation with an individual using services or unpaid carer that seeks to understand the extent to which they are achieving the Outcomes important to them in life. These conversations form a core part of relationship building between practitioners, people who use services and their families'.

(Cook and Miller 2012:8)

The starting point for understanding Outcomes is to consider '*What matters most to the person'.* This is to maximise the chances of effectively utilising the 'person centredness and enabling' potential of this method of care planning. As such, it is essential to begin the process of assessment by exploring what is important to the person, and plan activities and support from here.

(Cook and Miller 2012:8)

Outcomes are often described as being the result of linked events that include:

- an input (resource)
- process (activity);
- output (service); and
- Outcome (impact on person's life)

An analogy of baking a cake is often used to describe this process. For example, the input is likened to the ingredients, the mixing and baking are likened to the process, the cooking time and temperature are likened to output, and the birthday cake for a child is considered the Outcome.

Research has shown that the following Outcomes were identified as most important to people using services:

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Quality of Life (These Outcomes relate to aspects of the person's life they are working towards achieving or maintaining).

- Feeling safe
- Having things to do
- Seeing people
- Staying as well as you can
- Living where you want/as you want
- Dealing with stigma/discrimination

Process (These Outcomes relate to the experience of people who seek or use services and supports:

- Listened to
- Having a say
- Treated with respect
- Responded to
- Reliability

Change (These Outcome relate to improvements in the physical, mental or emotional functioning the person is seeking from service provision.

- Improved confidence/morale
- Improved skills
- Improved mobility
- Reduced symptoms

(Cook and Miller 2012:11)

It should be noted that there are separate Outcomes identified for unpaid carers and people using care homes. Information about these, as well as further details about the Outcome focused approach, can be found by accessing the following link.

http://www.jitscotland.org.uk/wp-content/uploads/2014/01/Talking-Points-Practical-Guide-21-June-2012.pdf

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Outcome 2: Explain effective Person Centred communication

This Outcome should be delivered in conjunction with Outcome 1 through use of class based exercises and role-play. Scenarios to support the learning can be from the video clips in Scotland's Human Rights.

Learners could begin by re-calling the need for the following skills learned in the previous Unit.

Principles of Effective Communication:

- Communicate in a consistent manner from one situation to another.
- Be a good listener.
- Provide effective feedback that is clear.
- Be clear and concise in the feedback you provide.
- Always end a communication on a positive note.

They should then move on to study the area of effective person centred communication in more depth.

Active Listening:

Listening is an essential aspect of good care work and it can be our most important tool in communication. It is not the same as hearing. We may hear the sound of water running or people talking but we are not fully attending and concentrating or processing the information.

Listening is a selective activity, which involves the reception and the interpretation of aural stimuli. What is involved is the decoding of sounds into meaning.

Listening can be divided into two main categories, active and passive. Passive listening: does not differ much from hearing. It takes place when the receiver has little motivation to listen carefully. Since only a part of our mind is paying attention, it is easy for our minds to wander. The remedy here is active listening — which involves listening for a purpose. It may be to gain information, understand others, solve problems, share interests, and see how another person feels or show support. It requires that the listener attends to the words and feelings and it takes the same amount of energy or more energy than actually speaking. It requires the listener to hear the various messages, understanding their meaning and to verify the meaning by offering feedback.

Active listening is about hearing, not just what has been said, but also being aware of what is not said and any areas or topics that cause the individual discomfort. Workers need to verify with the individual that what you are hearing is what they are intending for you to hear. This involves summarising to the individual what you have heard and checking its accuracy. For example, if someone talks about their fears about starting to abuse alcohol following a series of stressful events, you may wish to say 'So, you're afraid the stress you're experiencing is going to make you start drinking again. Would that be correct'? This allows the individual to confirm this and continue or explain that this is not what they meant at all.

Listening also means listening for the message within the message — a deep cry for help that lies trapped in their message of pain. When you can listen and hear, and when the individual realises they are being listened to and that they are being heard, positive things can begin to take place. The seeds of effective change can begin to grow and, perhaps for the first time, the individual can feel a sense of hope for themselves and the future. Because when individuals know you hear them, they can begin to listen to themselves and to start to explore what their problems really are and how they can begin to address them.

Some suggestions for active listening include:

- Spend more time listening than speaking.
- Avoid daydreaming or becoming preoccupied with your own thoughts when listening.
- Let the other person speak. Do not dominate.
- Do not finish other people's sentences.
- Plan responses after the other person has finished speaking not while they are speaking.
- Give more opportunity for dialogue by asking 'open' questions.
- Focus on the content and do not be distracted by irrelevancies.

Asking Questions

Just as listening is the simplest way to receive messages, talking is the most basic way of giving them. We should always try to convey messages in the most straightforward ways possible. Words should be unambiguous and clearly spoken to give the listener the best chance to understand. However, we should always check their understanding if the message is important, and an obvious way to do this is by the use of questions. To respond effectively to 'prompts' from others we need to understand what they are trying to communicate, we may also need to clarify what is being expressed.

The ability to use an appropriate type of question, which produces a useful response, is an indicator of effective questioning skills. If we ask questions which can be answered by either 'yes' or 'no' we fail to get sufficient or accurate information and may miss the essence of what is being communicated. When supporting someone the type of question we ask will affect the type of response we get.

The types of questions include:

- Open
- Closed
- Probing
- Leading
- Multiple

Some exercises for learners to practice include asking each other questions that cover each of these areas.

Open questions are used to obtain a more in-depth understanding; they encourage the individual to talk freely with little restriction being placed on their answer. You could ask 'How do you feel about……?', 'Why did you leave?', 'What would you say about….?'

Open questions tend to start with 'where', 'why', 'what', 'when', 'which' and 'how'. It can be helpful to indicate the extent or scope of the answer expected, for example 'Very briefly, how do you feel about..?' or 'Tell me in a few words…?'

Closed questions are used to obtain specific items of information, for example 'Would you like to watch television?' However, if used inappropriately, closed questions may result in unhelpful answers as they invite a much narrower response, often a one word reply. Furthermore, it is important to bear in mind that closed questions, from the respondent's point of view, may appear to be forcing them into an answer.

Probing questions are those used to elicit further information. Their use indicates that the questioner wishes to hear a fuller response and that he or she is 'digging' albeit in a gentle way for more information, by probing and going beyond one answer to find others. Before probing, however, workers need to satisfy themselves that such questioning is appropriate and is not unduly intrusive.

Leading questions are those, which invite a particular response from the person. As such, it would be difficult to justify their use by a care worker working with an individual. In general, there is little scope for this type of question in the worker-individual relationship.

Multiple questions occur when a person asks a number of questions of someone with no sufficient pause to allow for an answer. The result may be that only one of the questions is answered- often the last question- and the other questions are left unanswered. The effect of asking multiple questions can be to confuse both the person and the questioner, and is therefore, generally regarded as an ineffective way of communicating

The use of silence

During questioning, a pause can be an effective way of creating an opportunity for the respondent to consider his or her reply. It gives time for reflection and can be encouraged by appropriate non-verbal gestures from the questioner, with nods, smiles and other actions adding sensitivity. However, questioners often find silence uncomfortable and need to learn to wait and not 'fill in the gaps'.

Interactional skills involve communication and collaboration, negotiating and securing resources. We rarely work by ourselves. We work not only with the individual, but also with often large, networks of different people and agencies.

From the individual's point of view, their silence could be communicating that they have said enough, that they need to think and reflect, that they are angry, that they feel misunderstood or that they feel unable to communicate what they want to say. The worker's own silence may also be due to any of the above, however, could also be interpreted them showing a lack of interest or disapproval.

If such a situation arises then the responsibility is with the worker to break the silence. Although silences can be uncomfortable, silence is a natural element of communication and can be comforting when used in a positive manner.

Written Communication

Whenever we have a writing task to do, we should tackle it in a systematic manner. The following method is most useful when writing formal reports but general points are useful whatever writing task you are asked to do.

Preparation: know exactly what you are required to do. Find out what the reader wants to know and how the information will be used. Collect facts about the subjects by investigation, interviews, observations and references. Check for accuracy and record the facts in note form.

Arrangement: consider the material you have and discard any which is unnecessary or irrelevant. List the collected facts into subheadings and arrange these in an appropriate order. Decide upon any recommendations and conclusions based on the facts.

Writing: consider your style. Brevity is important as long as clarity and accuracy are maintained. Potential for mis-interpretation should be avoided. Do not use long words for the sake of it and be clear, precise and impersonal. Short, crisp sentences are preferable to long complex ones.

Revision: read over your draft critically and objectively. Examine your text in detail and weigh each statement. Check that the proper points are emphasised. Finally check for correct spelling, punctuation and grammar.

Good communication is at the very heart of good partnerships and teamwork. If we do not listen to an individual expressing their needs then how are we going to be of any help. If we fail to convey important messages clearly and objectively to the listener in a manner understood by them, then we do not pass on the information we intend to.

Similarly, as with the other people involved we need to ensure that all relevant information is passed on accurately and appropriately, or confusion will arise. This will involve verbal communication skills but also written communication skills in the form of reports, letters and e-mails.

Recording skills include recording events and keeping things up to date. By keeping written records, it is much easier to gauge if the plans we make and the goals we set are successful.

Written records remind us of what our intentions are and without them, we will find it difficult to evaluate the progress we are making. Workers have to ensure that time is set aside for this essential activity and prioritise his or her workload accordingly.

The exact information recorded will vary much from plan to plan but general information such as needs, strengths, short and long-term goals, methods, the role of the various persons involved would need to be included. In addition, the worker will share this information with the individual at an appropriate level.

When recording the care plan the following points are worth noting:

- Keep to the point without including irrelevant details
- Maintain confidentiality
- Write in a jargon free style easily understood by others
- Write neatly, or type, paying due attention to grammar and spelling
- Keep to the facts avoiding labels and judgements
- Be mindful of all the key care values
- Prioritise the individual's perspective over your own

Individual feedback includes the use of open and closed questions to help us to assess the individuals thoughts, views and feelings, 'did you enjoy yourself?', 'did you find it difficult?', or 'how did you feel doing it for the first time?'.

Some individuals, who are disempowered, feel it more important to say what they should feel or think rather than what they do. This emphasises the need for openness, sharing and honesty in the care relationship whereby individuals feel comfortable about being frank.

Barriers to communication can also include:

- The use of jargon
- Over-complicated, unfamiliar, and/or technical terms
- Emotional barriers and taboos sometimes people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo.
- Lack of attention or interest
- Distractions
- Differences in perception or point of view
- Physical disabilities for example hearing problems, or speech difficulties
- Physical barriers to non-verbal communication, not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective
- Language differences, and difficulty in understanding unfamiliar accents
- Expectations and prejudices, which could lead to false assumptions or stereotyping
- Jumping to incorrect conclusions
- Cultural differences acceptable social interaction varies greatly in different cultures. For example, the concept of personal space varies between cultures and between different social settings.

There are also groups in society who may experience significant problems with communication due to difficulties with their cognition. Due to this, it is important that learners are aware of the particular problems certain individuals may experience with communication and how this can be addressed by health and social care services.

Thurman (2011) outlines the following points in discussing the *personal barriers to communication* that people with learning disabilities may encounter in society.

The person's ability *to understand and process information from other people* — this may be due to cognitive issues such as poor concentration, poor memory, and problems with planning. The person may also encounter difficulties following verbal and non-verbal communication. In addition, the person may experience physical problems which hinder their ability to understand information, eg hearing loss.

The person's ability *to express themselves* may also act as a barrier to communication. For instance, the person may have difficulties formulating words and sentences in order to communicate their views and preferences. Due to this, the person may experience significant problems participating in everyday social situations such as having conversations with others.

Thurman (2011) also outlines types of social barriers which exist, and can prevent people with learning disabilities communicating effectively. This includes the '*low expectations of others'*. That is to say that other people may not include the person with a learning disability in social situation as they wrongly believe the person cannot contribute due to their disability. As a health or social care worker it is therefore vital to have positive expectations of the people you work with by valuing and supporting their preferred style of communication.

It is also essential to give people with learning disabilities '*time'* to communicate effectively. For a variety of reasons people in a caring role may not provide time for the person to communicate independently. For example, it may be assumed by people that the person cannot convey communication adequately, or it is simply quicker to speak on their behalf. However, giving the person time and space to communicate independently, not only demonstrates respect and value for them, but also empowers the person to have control and choice in their life. It is therefore good practice to give the person time to communicate.

'Lack of Focus' can also act as a barrier to effective communication. In particular, becoming distracted by our own thoughts and concerns can result in a failure to listen to what is being communicated by the other person. At other times, we may listen to what is being said, but do not really hear the meaning behind the words. It is therefore critical to remain attentive and respectful towards the needs, views and preferences of the people we support, and not become focused on our own concerns.

Thurman (2011) also highlights that some people may have difficulties with their sensory signals, such as sound, touch and sight, and can experience '*sensory overload'.* If this occurs, the person may feel overwhelmed by sensory stimuli and consequently have trouble communicating effectively with others. It is therefore important to try and learn about the types of environments and situations that the person may struggle to cope with, so any necessary changes to their support can be made. It may also be helpful to seek professional advice and support if this is felt necessary, eg Occupational Therapist.

Thurman, S. (2011) *Communicating effectively with people with a learning disability.* Learning Matters Ltd & The British Institute of Learning Disabilities.

The above information relates to individuals with a learning disability, however, people with dementia, or other types of mental illness, may experience similar issues with communication.

The use of independent advocacy services can be beneficial for people who have difficulty expressing their own views. In particular, this service can be helpful in supporting people with learning disabilities during formal processes, such are statutory review meetings, to ensure the person's views and rights are taken into consideration.

Outcome 3: Explain the importance of multidisciplinary team (MDT) working in the delivery of care

In this final Outcome for the Unit, learners should explore the area of multi-disciplinary teamwork this will include Working with others, and why is this important

In the fields of health and social care, more than ever, we are required to work beyond the walls of any care organisation and work in partnership with others, that is collaborate with different agencies in order to deliver the best care we can. Central to the whole concept of holistic care is the notion of collaboration between different agencies and disciplines in order to deliver both holistic and cohesive needs led packages of care tailored to individuals' needs.

A team is a group of people who come together in order to collaborate. This collaboration is to reach a shared goal or task. A group of people is not a team. What distinguishes a team from a group is that a team is a group of people with a high degree of interdependence geared towards the achievement of a goal or the completion of a particular task.

What also differentiates a team from a group is the fact team members are committed to each other's personal growth and success. A team outperforms a group and outperforms all expectations given to individual members- one plus one equals a lot more than two.

Team members cooperate in all aspects of their tasks and goals, and often share in what were traditionally thought of as management functions, such as administration, planning, setting goals, assessing the performance of the team and developing their own strategies to effect change.

In general, teams can have major benefits to an organisation.

- Teams maximise and make best use of human resources.
- Each member of the team is encouraged, assisted and supported by other members of the team.
- Success and failure is felt by all members, and is not down to just the individual member.
- A team will always outperform a group of individuals.
- Continuous improvement is likely, as no one individual knows the tasks and goals better than the team itself.
- To get real change we need the knowledge, skills and abilities of the whole team.
- Personal motives are put to the side to allow the team motive to succeed.

A number of elements are required to create a successful team. Teams learn and demonstrate behaviours not normally exhibited by other groups. Such characteristics represent the essential elements of a successful team. These include:

- **A common team goal** — although a team might have a number of goals, one principal one should stand out. This might be 'to provide the optimum level of care' or 'to maintain an individual person's independence as much as possible. A supporting goal might be 'to provide raining to enable team members to achieve this'.
- **Productive participation of all members:** includes everyone in contributing information and knowledge, sharing in the decision making, and reaching consensus and compromise.
- **Communication that is:** open, honest and produces an effective exchange of information between team members.
- **Trust that demonstrates:** openness in constructive criticism and trust of others.
- **A sense of belonging:** showing cohesiveness by being committed to a team identity, and a sense of interdependence.
- **Diversity:** where each member's differences and uniqueness are considered as assets to the team functioning.
- **Creativity and risk taking:** where no one individual fails or is held solely accountable then risk taking becomes a lot easier.
- **Evaluation:** the ability to reflect critically on practice.
- **Participatory leadership:** everyone must help lead to one degree or another.

Tuckman's Theory of Group Development

Bruce Tuckman, an educational psychologist first described, in 1965, the (then) four stages of group development. Studying a range of groups he identified four different phases which each group has to experience in order to work more effectively. In 1977 he reworked the model by adding a fifth stage.

Stage 1: Forming

Individuals are motivated by a desire to be accepted by others and therefore avoid conflict. In this stage serious issues and feelings are avoided and individuals concentrate on routines such as team organisation, such as who does what and when. At the same time individuals are gathering information and making impressions, about other members and the tasks in hand. Although this stage is cosy and comfortable, the avoidance of conflict means not a lot gets done.

Stage 2: Storming

Once important issues start to be tackled the 'nicey — niceness' recedes. For some individuals their patience will break and minor confrontations arise which may be swept under the carpet. These may relate to the work of the group or to roles and responsibilities within the group. Some will be more comfortable than others about getting into the real issues whilst others would happily return to the comfort zone that is stage 1. The conflict may be suppressed but it has not gone away and individuals may feel they are fighting losing battles and look to the organisation for structure and guidance in dealing with conflict. (Conflict is dealt with more fully later in this section).

Stage 3: Norming

As Stage 2 develops the rules, the do's and don'ts and the 'norms' of acceptable behaviour are established and made clear. Having had their arguments they now understand each other better and can appreciate other people's skills and expertise. Individuals listen to each other and, offer support and are willing to challenge their own pre-conceived views. They feel part of a cohesive group. However, it has been hard work getting here and some may resist pressure to change for fear of the group disbanding or another storm taking place.

Stage 4: Performing

Some groups may not reach this stage. At this stage interdependence and flexibility are evident. Everyone knows each other well and people are able to work well with each other and there is sufficient trust to allow individual activity. Rules and responsibilities change according to changing need in a painless way. The group identity, as well as loyalty and morale are high and all members are focused on the task. The high level of ease and comfort have a positive effect on the group's energy.

A decade later, Tuckman revised his original model by adding a fifth stage.

Stage 5: Adjourning

This relates to the group's completion and disengagement, both from tasks and the group members. Members will look on their achievement with pride and feel happy to have been part of a successful group. However, there is a need to let go and move on. Some have referred to this stage as 'deforming and mourning' in recognition of a sense of loss.

Learners may benefit from undertaking some research on multidisciplinary teamwork in their selected area of health or social care practice.

The following link will take learners to a very interesting and informative research paper

http://homepages.inf.ed.ac.uk/jeanc/DOH-glossy-brochure.pdf

One of the study findings notes the benefits of team working for team members.

- People who work in teams are much clearer about what their jobs entail because team working enables good communication and detailed negotiation of effective work roles.
- Those working in teams also report a high level of social support; team members are able to support each other both practically and emotionally during times of difficulty or stress.
- As a consequence working in a team enables employees to be buffered from the stress that many feel within the NHS.
- The research results also show that NHS employees working in a team perceive that there is generally more co-operation in the organisation than others, who do not work in a team.
- This leads to more positive work attitudes and to likely co-operation with others within the organisation.
- The findings also suggest that team membership buffers individuals from the negative effects of organisational climate and conflict in NHS hospitals.

Higher National Unit Support Notes (cont)

Unit title: Person Centred Approach to Care (SCQF level 6)

Guidance on approaches to delivery of this Unit

It is recommended that when delivering this Unit could share common instruments of assessment with their partner Higher Education Institutions to allow for a straightforward accreditation of prior learning in situations where there are articulation agreements. The course has also been designed to be relevant to learners embarking on the PDA.

Outcome 1

The purpose of this Outcome is to assess the learner's understanding of the concepts of Person Centred care by means of providing support to individuals in both health and social care settings. Learners should consider Care values and principles including implementing the care standards of privacy, dignity and respect. They should learn about equality and diversity and relate this to their care practice.

Outcome 2

This Outcome should teach learners a range of care related communication skills required to practice effectively in health or social care areas. Learners should consider verbal and non-verbal communication with an emphasis on active listening. They should also learn about barriers to successful communication and undertake class based exercises to improve their skills in these areas.

Outcome 3

The learners should consider theories of team working and look at ways theories can be used to the advantage of those who use health and social care services. They should undertake some research in order to be able to develop their understanding of the various roles within a multidisciplinary team and tools that can be used to support best practice.

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of instruments of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

This Unit could be assessed through; a reflective account, a pre-prepared integrated case study with written questions and/or evidence of observation and discussion by a supervisor/ mentor in the candidates' practice placement or own area of practice.

This final option could be evidenced by:

- Log book
- Skills passport
- Learning contract
- This should be included in a final portfolio of evidence for the completed NPA

Higher National Unit Support Notes (cont)

Unit title: Person Centred Approach to Care (SCQF level 6)

Centres are reminded that prior verification of centre devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Opportunities for developing Core and other essential skills

There are opportunities to develop the Core Skills of:

Communication at SCQF level 6
Problem Solving at SCQF level 5
Working with Others at SCQF level 5

Communication: will be evidenced via the candidate's work with individuals and groups as well as within written assessments.

Problem Solving: may be evidenced through case discussion with clinical supervisor about the most appropriate courses of action for care delivery.

Working with Others — will be evidenced in the candidate's ability to interact, communicate and negotiate with those with whom they come into contact and to work collaboratively with other professionals and individuals, recognition of professional boundaries and professional conduct in practice.

History of changes to Unit

Version	Description of change	Date

General information for learners

Unit title: Person Centred Approach to Care (SCQF level 6)

This section will help you to understand the Unit by explaining what it is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

This Unit will introduce you to the concept of Person Centred care including the benefits it brings to individuals who require assistance due to health or social care issues they are facing in their lives. It will explain how rights and choices, equality and diversity are central to the role of a health or social care worker.

You will look at values and attitudes, discrimination and prejudice, and learn how these can be formed as we grow up. You will look at how we are influenced by the world we live in, the media, as well as our culture and what we as workers can do to bring about changes to the way people think.

The Unit will help you to look at your communication skills and you will have the opportunity to practice positive and meaningful communication in your class group. This will include active listening, asking questions, the use of silence and written communication including report writing and recording.

In the final Unit Outcome, you will investigate multi-disciplinary team working in a health or social care setting. You will learn about some theories of teams and have the opportunity to practice working as a team with other members of your class group.

There will be opportunities for some online learning and also research into the practice of using a person centred approach to care practice. You will be encouraged to demonstrate good interpersonal skills, kindness, sensitivity and compassion when working with individuals.

You will have assessments for this Unit and these may be a reflective account, a pre-prepared integrated case study, with written questions, and/or evidence of observation and discussion by a supervisor or mentor in your practice placement or if you are already working in care, your own area of practice.

All of this should be included in a final portfolio of evidence for the completed NPA.

The submission of these assessment materials will help you improve your inter-personal and communication skills.